

VICTOR GONZALEZ
REG. NO. 19769-050
USP LEE
U.S. PENITENTIARY
P.O. BOX 305
JONESVILLE, VA 24263

July 13, 2021

Mr. William T. Walsh
Clerk of Court
U.S. District Court
District of New Jersey
4th and Cooper Streets, Room 1050
Camden, NJ 08101

RECEIVED

JUL 16 2021

AT 8:30 _____ M
WILLIAM T. WALSH
CLERK

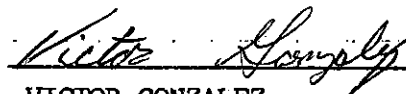
RE: *Gonzalez v. United States*
Crim No. 1:96-cr-00114-RBK-1

Dear Mr. Walsh:

Enclosed please find and accept for filing Movant's Motion for Compassionate Release pursuant to 18 U.S.C. § 3582(c)(1)(A) and First Step Act of 2018. Please submit this document to the Court.

Thank you for your assistance in this matter.

Sincerely,



VICTOR GONZALEZ
Appearing Pro se

Encl. as noted

UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY

UNITED STATES OF AMERICA,

Respondent,

v.

VICTOR GONZALEZ,

Defendant.

Crim No. 1:96-cr-00114-RBK-1

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AT 8:30 _____ M
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MOTION FOR COMPASSIONATE RELEASE PURSUANT TO
18 U.S.C. § 3582(C)(1)(A) AND FIRST STEP ACT OF 2018

COMES Movant, VICTOR GONZALEZ (“Gonzalez”), appearing *pro se*, and
in support of this motion would show as follows:

I. JURISDICTION

The district court’s jurisdiction to correct or modify a defendant’s sentence is limited to those specific circumstances enumerated by Congress in 18 U.S.C. § 3582. The scope of a proceeding under 18 U.S.C. § 3582(c)(2) in cases like this one is extremely limited. *Dillon v. United States*, 130 S.Ct. 2683, 2687(2010). It is black-letter law that a federal court generally “may not modify a term of imprisonment once it has been imposed.” *Id.* However, Congress has allowed an exception to that rule “in the case of a defendant who has been sentenced to a term of imprisonment based on a sentencing range that has subsequently been lowered by

the Sentencing Commission.” 18 U.S.C. § 3582(c)(2); see also, *Freeman v. United States*, 131 S.Ct. 2685 (2011) (reciting standard for sentence modifications). Such defendants are entitled to move for retroactive modification of their sentences. *Dillon*, 130 S.Ct. at 2690–91.

II. STATEMENT OF THE CASE

A. Procedural Background

In 1996, Victor Gonzalez was convicted of conspiracy to engage in a pattern of racketeering activity in violation of 18 U.S.C. § 1962(d), engaging in a pattern of racketeering activity in violation of 18 U.S.C. § 1962(c), and related offenses. See Doc. 164.¹ Predicate acts for the racketeering offenses included conspiracy to commit murder and murder.

On March 18, 1997, Gonzalez was sentenced to three concurrent terms of life in prison. See Doc. 321. The Court of Appeals for the Third Circuit affirmed the conviction and sentence on March 13, 1998. See *United States v. Gonzalez*, No. 97-5166 (3rd Cir. 1998).

1

“Doc.” refers to the Docket Report in the United States District Court for the District of New Jersey, Camden Division in Criminal No. 1:96-cr-00114-RBK-1, which is immediately followed by the Docket Entry Number. “PSR” refers to the Presentence Report in this case, which is immediately followed by the paragraph (“¶”) number.

On January 26, 2007, Gonzalez filed a motion for reduction in sentence pursuant to 18 U.S.C. § 3582(c)(2), contending that his base offense level should have been 19 instead of 43. See Doc. 545. He based his argument on Amendment 591 to the Guidelines, which went into effect on November 1, 2000, contending that it prohibited the application of U.S.S.G. § 2A1.1, the first degree murder guideline, to him. *Id.* In an order entered on March 28, 2007, the District Court denied the motion, concluding that Amendment 591 does not lower Gonzalez's sentencing range. See Doc. 547. Gonzalez appealed. After he filed his informal brief, the government moved to summarily affirm the order of the District Court. The Third Circuit reviewed both Gonzalez's informal brief and his response in opposition to the government's motion in deciding this appeal. Subsequently, the Court of Appeals affirmed the Order denying the motion on October 15, 2007. See Doc. 554.

III. DISCUSSION

As a preliminary matter, Gonzalez respectfully requests that this Court be mindful that *pro se* complaints are to be held "to less stringent standards than formal pleadings drafted by lawyers," and should therefore be liberally construed. See *Higgs v. Attorney Gen. of The United States*, 655 F.3d 333 (3rd Cir. 2011); *Estelle v. Gamble*, 429 U.S. 97 (1976)(same); and *Haines v. Kerner*, 404 U.S. 519 (1972)(same).

A. Federal Courts Have the Jurisdiction and Power to Reduce An Existing Sentence

This Court has the power to adjust Gonzalez's sentence. District courts no longer need a motion from the Bureau of Prisons to resentence a federal prisoner under the compassionate release provisions of 18 U.S.C. §3582(c)(1)(A)(i). A district court may now resentence if the inmate files a motion after exhausting administrative remedies. The reasons that can justify resentencing are not limited to medical, age, or family circumstances. A district court may resentence if the inmate demonstrates extraordinary and compelling reasons for a sentence reduction. Such reasons are present in this case.

1. Historical Framework

Congress first enacted the compassionate release provisions in 18 U.S.C. §3582 as part of the Comprehensive Crime Control Act of 1984. That legislation provided that a district court could modify a final term of imprisonment when extraordinary and compelling reasons warrant such a reduction. 18 U.S.C. §3582(c)(1)(A)(i). In 1984, this provision was conditioned on the Bureau of Prisons (BOP) filing a motion in the sentencing court. Absent a motion by the BOP, a sentencing court had no jurisdiction to modify an inmate's sentence. Congress did not define what constitutes an "extraordinary and compelling reason," but the legislative history recognized that the statute was intended, in part, to abolish and replace federal parole. Rather than

have the parole board review for rehabilitation only, Congress authorized review for changed circumstances:

The Committee believes that there may be unusual cases in which an eventual reduction in the length of a term of imprisonment is justified by changed circumstances. These would include cases of severe illness, cases in which other extraordinary and compelling circumstances justify a reduction of an unusually long sentence, and some cases in which the sentencing guidelines for the offense of which the defender was convicted have been later amended to provide a shorter term on imprisonment. S. Rep. No. 98-225 at 55-56 (1983).

18 U.S.C. §3582 acts as a “safety valve” for the “modification of sentences” that would previously have been addressed through the former parole system. *Id.* at 121. The provision was intended “to assure the availability of specific review and reduction of a term of imprisonment for “extraordinary and compelling reasons” and [would allow courts] to respond to changes in the guidelines.” *Id.* Thus, sentencing courts have the power to modify sentences for extraordinary and compelling reasons.

2. Section 3582(c)(1)(A) is Not Limited To Medical, Elderly or Childcare Circumstances

Congress initially delegated the responsibility for determining what constitutes “extraordinary and compelling reasons” to the United States Sentencing Commission. 28 U.S.C. § 994(t) (“The Commission...shall describe what should be considered “extraordinary and compelling reasons” for sentence reduction, including the criteria to be applied and a list of specific examples.” Congress provided one limitation to

that authority: “[r]ehabilitation of the defendant alone shall not be considered an extraordinary and compelling reason.” 28 U.S.C. § 994(t). Rehabilitation could, however, be considered with other reasons to justify a reduction.

In 2007, the Sentencing Commission defined “extraordinary and compelling reasons” as follows:

- (A) Extraordinary and Compelling Reasons - Provided the defendant meets the requirements of subdivision (2), extraordinary and compelling reasons exist under any of the following circumstances:
 - (i) The defendant is suffering from a terminal illness.
 - (ii) The defendant is suffering from a permanent physical or medical condition, or is experiencing deteriorating physical or mental health because of the aging process, that substantially diminishes the ability of the defendant to provide self care within the environment of a correctional facility and for which conventional treatment promises no substantial improvement.
 - (iii) The death or incapacitation of the defendant’s only family member capable of caring for the defendant’s minor child or minor children.
 - (iv) As determined by the Director of the Bureau of Prisons, there exists in the defendant’s case an extraordinary and compelling reason for purposes of subdivision (1)(A).
USSG §1B1.13, Application Note 1.

As we will see, with the passage of The First Step Act, subparagraph (iv) is no longer limited by what the BOP decides is extraordinary and compelling.

Historically, the BOP rarely filed motions under §3582(c)(1)(A), even when the inmates met the objective criteria for modification. See U.S. Dep’t of Justice Office of the Inspector General, *The Federal Bureau of Prisons Compassionate Release Program* (Apr. 2013). The Office of the Inspector General also found that the BOP failed to provide adequate guidance to staff on the criteria for compassionate release, failed to set time lines for review of compassionate release requests, failed to create formal procedures for informing prisoners about compassionate release, and failed to generate a system for tracking compassionate release requests. *Id.* at i-iv.

Congress heard those complaints and in late 2018 enacted The First Step Act.

3. The First Step Act

The First Step Act, P.L. 115-391, 132 Stat. 5194, at (Dec. 21, 2018), among other things, transformed the process for compassionate release. *Id.* at §603. Now, instead of depending upon the BOP to determine an inmate’s eligibility for extraordinary and compelling reasons and the filing of a motion by the BOP, a court can resentence “upon motion of the defendant.” A defendant can file an appropriate motion if the he or she has exhausted all administrative remedies or “the lapse of 30 days from the receipt of such a request by the warden of the defendant’s facility, whichever is earlier.” 18 U.S.C. §3582(c)(1)(A). The purpose and effect of this provision is to give federal courts the ability to hear and resentence a defendant even

in the absence of a BOP motion. Congress labeled this change “Increasing the Use and Transparency of Compassionate Release.” 164 Cong. Rec. H10346, H10358 (2018). Senator Cardin noted in the record that the bill “expands compassionate release under the Second Chance Act and expedites compassionate release applications.” 164 Cong. R. 199 at S7774 (Dec. 18, 2018). In the House, Representative Nadler noted that the First Step Act includes “a number of very positive changes, such as ... improving application of compassionate release, and providing other measures to improve the welfare of federal inmates.” 164 Cong. R. H10346-04 (Dec. 20, 2018).

Once an inmate has pursued administrative remedies through the BOP, upon his or her motion, the sentencing court has jurisdiction and the authority to reduce a sentence if it finds “extraordinary and compelling reasons” to warrant a reduction. Judicial authority is no longer limited to cases that have the approval of the BOP.

4. Gonzalez Has Exhausted Administrative Remedies

A motion by an inmate can be filed in the district court after (1) the inmate has made the request to the Warden, and (2) either the request was denied or 30 days have lapsed from the receipt of the request, whichever is sooner. First Step Act of 2018, section 803(b), Pub. L. No. 115-391, 132 Stat. 5194, 5239 (2018).

Gonzalez filed a request for compassionate release to the J.C. Sreeval, Warden, USP Lee, which was denied on March 16, 2021. See Exhibit 1. Because the BOP failed to file a motion on Gonzalez's behalf, exhaustion of administrative remedies is not an issue in this case. See 18 U.S.C. § 3582(c)(1)(A).

B. Gonzalez's Current Conditions of Confinement and Health Conditions

Gonzalez, age 48, suffers from incurable, progressive disease, from which Gonzalez will never recover, to wit: Hypertension and Hyperlipidemia.² He also suffers from obesity, spondylolisthesis, and other specified symptoms and signs involving the circulatory and respiratory systems. See Exhibit 2.

2

Hypertension. Hypertension is another name for high blood pressure. It can lead to severe health complications and increase the risk of heart disease, stroke, and sometimes death. Blood pressure is the force that a person's blood exerts against the walls of their blood vessels. This pressure depends on the resistance of the blood vessels and how hard the heart has to work. Hypertension is a primary risk factor for cardiovascular disease, including stroke, heart attack, heart failure, and aneurysm. Keeping blood pressure under control is vital for preserving health and reducing the risk of these dangerous conditions.

Hyperlipidemia. Hyperlipidemia is dangerous because the extra cholesterol circulating in the bloodstream forms the basis for plaque lining the arteries. Plaque slows the flow of blood through the arteries, which is especially dangerous when it occurs in the heart. Coronary artery disease can result in angina or a heart attack. During a heart attack, a section of the heart muscle receives no oxygen because blood circulation in the heart arteries is blocked by plaque. Plaque can also break off from an artery wall and circulate in the body, causing a stroke or peripheral arterial disease.

Obesity. Obesity is a complex disease involving an excessive amount of body fat. Obesity isn't just a cosmetic concern. It is a medical problem that increases your risk of other diseases and health problems, such as heart disease, diabetes, high blood pressure and certain cancers. Obesity is diagnosed when your body mass index (BMI) is 30 or higher. To determine your body mass index, divide your weight in pounds by your height in inches squared and multiply by 703. Or divide your weight in kilograms by your height in meters squared.

Risk Factors:

Obesity usually results from a combination of causes and contributing factors:

- Family inheritance and influences
- Lifestyle choices
- Social and economic issues
- Age
- Other factors

Complications:

People with obesity are more likely to develop a number of potentially serious health problems, including:

- Heart disease and strokes. Obesity makes you more likely to have high blood pressure and abnormal cholesterol levels, which are risk factors for heart disease and strokes.
- Type 2 diabetes. Obesity can affect the way your body uses insulin to control blood sugar levels. This raises your risk of insulin resistance and diabetes.
- Certain cancers. Obesity may increase your risk of cancer of the uterus, cervix, endometrium, ovary, breast, colon, rectum, esophagus, liver, gallbladder, pancreas, kidney and prostate.
- Digestive problems. Obesity increases the likelihood that you'll develop heartburn, gallbladder disease and liver problems.
- Gynecological and sexual problems. Obesity may cause infertility and irregular periods in women. Obesity also can cause erectile dysfunction in men.
- Sleep apnea. People with obesity are more likely to have sleep apnea, a potentially serious disorder in which breathing repeatedly stops and starts during sleep.
- Osteoarthritis. Obesity increases the stress placed on weight-bearing joints, in addition to promoting inflammation within the body. These factors may lead to complications such as osteoarthritis.

COVID-19 has infected hundreds of prisoners and staff in city jails, state prisons and federal prisons.

New York, California and Ohio were among the first to release incarcerated people. Other states have followed, saying it is the only way to protect prisoners, correctional workers, their families and the broader community.

Jails and prisons often lack basic hygiene products, have minimal health care services and are overcrowded. Social distancing is nearly impossible except in solitary confinement, but that poses its own dangers to mental and physical health.

While there is absolutely no evidence to support that any person is more or less likely to be infected [with COVID-19] based on existing medical conditions, Gonzalez's argues that, first, prisoners experience exponentially higher rates of COVID-19 than the general population. As of June 2020, "[t]he COVID-19 case rate for prisoners was 5.5 times higher than the US population case rate."³ Second, and more critically, older individuals and individuals with chronic medical conditions are at greater risk of hospitalization and death from COVID-19. For example, the CDC reports that persons aged 40 to 49 are 15 times more likely to be hospitalized and 130 times more likely to die from COVID-19 compared to persons aged 18 to 29 and younger.⁴ In other words, Gonzalez does not only contend that his health conditions

3

Brendan Saloner, *et al.*, *COVID-19 Cases and Deaths in Federal and State Prisons*, J. of the Am. Med. Ass'n (July 8, 2020), <https://jamanetwork.com/journals/jama/fullarticle/2768249>.

4

Hospitalizations & Death by Age, CTRS. FOR DISEASE CONTROL & PREVENTION, <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization->

increase his risk of getting COVID-19; but also, he contends that those conditions greatly increase the risk that, if contracted, his COVID-19 infection would be severe or even deadly.

BOP Amid Covid-19

One consequence of overcrowding is that prison officials have a difficult time providing adequate health care.

In 2011 the U.S. Supreme Court ruled that overcrowding undermined health care in California's prisons, causing avoidable deaths. The justices upheld a lower court's finding that this caused an "unconscionable degree of suffering" in violation of the Eighth Amendment's prohibition on cruel and unusual punishment.

Amid a worldwide pandemic, such conditions are treacherous. Some of the worst COVID-19 outbreaks in U.S. prisons and jails are in places – like Louisiana and Chicago – whose prison health systems have been ruled unconstitutionally inadequate. Criminologists and advocates say many more people should be released from jails and prison, even some convicted of violent crimes if they have underlying health conditions.

The decision to release prisoners cannot be made lightly. But arguments against it discount a reality recognized over two centuries ago: The health of prisoners and

[death-by-age.html](#) (last updated May 14, 2021).

communities are inextricably linked. Coronavirus confirms that prison walls do not, in fact, separate the welfare of those on the inside from those on the outside.

C. “Extraordinary and Compelling Reasons” Warrant a Reduction in Gonzalez’s Sentence

The principles of Compassionate Release allow for Gonzalez’s early release. As discussed above, the principles for release are no longer limited to BOP guidelines; federal courts have the power to determine what constitutes extraordinary and compelling circumstances.

1. COVID-19 Is a Public Health Disaster That Threatens Vulnerable Incarcerated Persons like Gonzalez.

The COVID-19 pandemic continues to roil the United States. As of April 29, 2021, the BOP has 126,247 federal inmates in BOP-managed institutions and 13,636 in community-based facilities. The BOP staff complement is approximately 36,000. There are 352 federal inmates and 815 BOP staff who have confirmed positive test results for COVID-19 nationwide. There have been 234 federal inmate deaths and 4 BOP staff member deaths attributed to COVID-19 disease. See <https://www.bop.gov/coronavirus/> (last accessed April 29, 2021). Bottom line, Federal facilities are not immune.

Conditions of confinement create an ideal environment for the transmission of highly contagious diseases like COVID-19. Because inmates live in close quarters,

there is an extraordinarily high risk of accelerated transmission of COVID-19 within jails and prisons. Inmates share small cells, eat together and use the same bathrooms and sinks. . . . They are not given tissues or sufficient hygiene supplies”); Joseph A. Bick (2007). *Infection Control in Jails and Prisons*. *Clinical Infectious Diseases* 45(8):1047-1055, at <https://academic.oup.com/cid/article/45/8/1047/344842> (noting that in jails “[t]he probability of transmission of potentially pathogenic organisms is increased by crowding, delays in medical evaluation and treatment, rationed access to soap, water, and clean laundry, [and] insufficient infection-control expertise”). BOP employees are complaining that they lack masks and gloves, hand sanitizer, and even soap.

“The [BOP] management plan itself acknowledges [that] symptoms of COVID-19 can begin to appear 2-14 days after exposure, so screening people based on observable symptoms is just a game of catch up. . . . We don’t know who’s infected.” *Manrique*, 2020 WL 1307109, at *1.10. The Second Circuit recently observed, present information about the COVID-19 epidemic and the BOPs’ prior failings in 2019 to adequately protect detainees and allow them access to counsel and their families following a fire and power outages suggest that the virus’ impact will likely be “grave and enduring.” *Fed. Defs. of New York, Inc. v. Fed. Bureau of Prisons*, (No. 19-1778) (2d Cir. Mar. 20, 2020).

2. Gonzalez's Vulnerability to COVID-19 Due to His High Medical Risk Is an Extraordinary and Compelling Reason That Warrants a Sentence Reduction.

Gonzalez is particularly vulnerable to COVID-19 because of his hypertension, hyperlipidemia, and obesity. At the time of sentencing, the Court could not have anticipated that Gonzalez's diseases will place him in the "high risk" category nor the existence of the COVID-19. As the COVID-19 pandemic continues, it potentially poses a particular issue for older people and people with pre-existing medical conditions (such as serious heart condition, lung disease, and autoimmune disease) appear to be more vulnerable to becoming severely ill with the COVID-19 virus.

Lung Problems, Including Asthma

COVID-19 targets the lungs, so you're more likely to develop severe symptoms if you have preexisting lung problems, such as: Moderate to severe asthma, Chronic obstructive pulmonary disease (COPD), Lung cancer, Cystic fibrosis, Pulmonary fibrosis. In addition to being an asthma trigger, smoking or vaping can harm your lungs and inhibit your immune system, which increases the risk of serious complications with COVID-19.

Heart Disease, Diabetes and Obesity

People with diabetes, heart disease, high blood pressure or severe obesity are more likely to experience dangerous symptoms if infected with COVID-19. This may be of particular concern in the United States, which has seen increasing rates of obesity and diabetes over the years.

Obesity and diabetes both reduce the efficiency of a person's immune system. Diabetes increases the risk of infections in general. This risk can be reduced by keeping blood sugar levels controlled and continuing your diabetes medications and insulin. Your risk of serious illness may also

be higher if you have heart diseases such as cardiomyopathy, pulmonary hypertension, congenital heart disease, heart failure or coronary artery disease.

How SARS-COV-2 Causes Disease and Death in COVID-19

“You’d think underlying lung problems or immune system problems will be the greatest risk,” says Dr. Levitt. “But it seems the biggest risk factors have been hypertension, diabetes and obesity.” That has led many scientists to suspect that the profound inflammation seen in severe cases of COVID-19 may be yet another problem linked to SARS-COV-2’s fondness for ACE2. People with diabetes, hypertension and heart disease have more ACE2 on their cells as a response to the higher levels of inflammation that come with their condition; ACE2 has an anti-inflammatory effect. When SARS-COV-2 sticks to ACE2 and reduces its ability to do its job, the underlying inflammation gets worse.

When inflammation gets completely out of control the body enters what is called a cytokine storm. Such storms drive the most severe outcomes for COVID-19, including multi-organ failure. There is thus an obvious role for anti-inflammatory drugs. But knowing when to administer them is hard. Go too late, and the storm will be unstoppable; go too early, and you may dampen down an immune response that is turning the tide. A recent article in the Lancet suggests that it would help if COVID-19 patients were routinely screened for hyper-inflammation to help identify those who might benefit from anti-inflammatory drugs. But not everyone is convinced today’s drugs have much to offer. “We tried [a range of anti-inflammatory treatment] and it actually didn’t work,” says Rajnish Jaiswal, who has been working on the front line of COVID-19 treatment at New York’s Metropolitan Hospital.

<https://www.economist.com/briefing/2020/06/06/how-sars-cov-2-causes-disease-and-death-in-covid-19>.

Hence, it is appropriate for Gonzalez to be released into an environment where he and his loved ones can control and direct his medical care. It is important for all

of us to remember that convicted criminals are sent to prison as punishment—not for punishment. People who are severely debilitated or are in the midst of dying are usually no longer a threat to society, and there is not a compelling social advantage to keeping them in prison.

Note: According to the Centers for Disease Control and Prevention (“CDC”), COVID-19 is a new disease and there is limited information regarding risk factors for severe disease. Based on currently available information and clinical expertise, older adults and people of any age who have serious underlying medical conditions might be at higher risk for severe illness from COVID-19.

- a. Based on what we know now, those at high-risk for severe illness from COVID-19 are:
 - People 60 years and older
 - People who live in a nursing home or long-term care facility
- b. People of all ages with underlying medical conditions, particularly if not well controlled, including:
 - Cancer
 - Chronic kidney disease
 - Chronic lung diseases, including COPD (chronic obstructive pulmonary disease), asthma (moderate-to-severe), interstitial lung disease, cystic fibrosis, and pulmonary hypertension
 - Dementia or other neurological conditions
 - Diabetes (type 1 or type 2)
 - Down syndrome
 - Heart conditions (such as heart failure, coronary artery disease, cardiomyopathies or hypertension)
 - HIV infection
 - Immunocompromised state (weakened immune system)
 - Liver disease

- Overweight and obesity
- Pregnancy
- Sickle cell disease or thalassemia
- Smoking, current or former
- Solid organ or blood stem cell transplant
- Stroke or cerebrovascular disease, which affects blood flow to the brain
- Substance use disorders

are the hallmark of those who are most endangered by the instant pandemic. These are “extraordinary and compelling reasons” for his release. See Note 1(A), § 1B1.13 (expressly recognizing that “other reasons” may exist for granting compassionate release), see Note 1(D), § 1B1.13 Note 1(D) (recognizing that extraordinary and compelling reasons exists “other than, or in combination with, the reasons described in subdivisions (A) through (C).”). Here, Gonzalez’s high susceptibility to COVID-19 falls within the purview of this catchall. Moreover, courts have noted that while § 1B1.13 provides “helpful guidance” for determining what constitutes an extraordinary and compelling reason to warrant a sentence reduction, the inquiry does not end there. Rather, district courts have the freedom to shape the contours of what constitutes an extraordinary and compelling reason to warrant compassionate release. Given the highly infectious nature of COVID-19, the inability in a facility like FCI to practice any of the hygienic and social distancing techniques that the Center for Disease Control has put in place to prevent rapid transmission, and the fact that Gonzalez

suffers from ailments that have already been identified as “high risk,” this Court should find that Gonzalez’s legitimate medical risk is a sufficiently extraordinary and compelling basis for granting compassionate release.

A recent letter by fourteen U.S. senators of both parties underscores this position. Writing to U.S. Attorney General William Barr and BOP Director Michael Carvajal, they stated: “[We] urge you to take necessary steps to protect [inmates in Federal custody] particularly by using existing authorities under the First Step Act (FSA). . . . We have reviewed the Federal Bureau of Prisons (BOP) COVID-19 Action Plan, which . . . notably does not include any measures to protect the most vulnerable staff and inmates. . . . [I]t is important . . . that the most vulnerable inmates are released or transferred to home confinement, if possible.” And as the Second Circuit noted about COVID-19 in a unanimous recent opinion, “The impact of this recent emergency on jail and prison inmates, their counsel . . . , the United States Attorneys, and the BOP, including the individual Wardens and the personnel of each facility, is just beginning to be felt. Its likely course we cannot foresee. Present information strongly suggests, however, that it may be grave and enduring.” *Fed. Defs. of New York, Inc.*, 2020 WL 1320886, at *12.

Finally, in the last few months, other jails and prisons have already started to proactively release elderly and sick inmates who are at high risk of infection, as well

as releasing as many nonviolent offenders as possible in an effort to reduce the incarcerated population and thus reduce the risk of spread. For example, on March 25, 2020, New York City announced that it would release 300 inmates from Rikers Island. Approximately 1,700 inmates have been released from Los Angeles County Jails, and 1,000 inmates are to be released from New Jersey jails. Therefore, while COVID-19 remains an unprecedented emergency, many states (and politicians) have recognized that they have a duty to flatten the curve inside incarcerated spaces. So, too, should this Court.

3. Courts Have Granted Compassionate Release in Light of the Instant Pandemic.

Courts in the Southern and Eastern Districts of New York have granted compassionate release based on COVID-19. See *United States v. Wilson Perez*, No. 17 Cr. 513 (AT) (S.D.N.Y. Apr. 1, 2020), ECF No. 98, (granting release based on health issues and finding court could waive exhaustion requirement; government did not object based on defendant's medical conditions); *United States v. Mark Resnick*, No. 12 Cr. 152 (CM) (S.D.N.Y. April 2, 2020), ECF No. 461 (granting compassionate release because of defendant's age and medical conditions in light of COVID-19); *United States v. Eli Dana*, No. 14 Cr. 405 (JMF) (S.D.N.Y. Mar. 31, 2020), ECF No. 108 (granting compassionate release motion, where government consented, because

of defendant's age and medical conditions and the risk posed by COVID-19); *United States v. Damian Campagna*, No. 16 Cr. 78 (LGS), 2020 WL 1489829, at *1 (S.D.N.Y. Mar. 27, 2020) (granting compassionate release sentencing reduction to defendant convicted of firearms offenses based on defendant's health and threat he faced from COVID-19; government consented to reduction and agreed health issues and COVID-19 were basis for relief); *United States v. Daniel Hernandez*, No. 18 Cr. 834 (PAE) (S.D.N.Y. Apr. 1, 2020), ECF No. 446 (granting compassionate release after BOP denied the request and converting remaining sentence to home confinement).

So, too, have courts across the country. See *United States v. Andre Williams*, No. 04 Cr. 95 (MCR) (N.D. Fla. Apr. 1, 2020) (granting release based on defendant's health and COVID-19); *United States v. Teresa Ann Gonzalez*, No. 18 Cr. 232 (TOR) (E.D. Wa. Mar. 25, 2020), ECF No. 834 (waiving any further exhaustion attempts as futile and granting compassionate release based on defendant's health issues and COVID-19 pandemic); *United States v. Jeremy Rodriguez*, No. 03 Cr. 271 (AB) (E.D. Pa. Apr. 1, 2020), ECF No. 135 (finding court has independent authority to determine "extraordinary and compelling" reasons and granting compassionate release based in part on defendant's health and COVID-19; no exhaustion issue because 30 days had passed); *United States v. Pedro Muniz*, No. 09 Cr. 199 (S.D. Tex. Mar. 30, 2020),

ECF No. 578 (granting compassionate release based on health conditions that made inmate susceptible to COVID-19); *United States v. Samuel H. Powell*, No. 94 Cr. 316 (ESH) (D.D.C. Mar. 27, 2020), ECF No. 97 (granting compassionate release for 55-year old defendant with respiratory problems in light of outbreak, without waiting for 30 days or other exhaustion of administrative remedies through the BOP); *United States v. Agustin Francisco Huneus*, No. 19 Cr. 10117 (IT) (D. Mass. Mar. 17, 2020), ECF No. 642 (granting defendant's emergency motion based on COVID-19); *US v. Foster*, No. 1:14-cr-324-02 (M.D. Pa. Apr. 3, 2020) ("The circumstances faced by our prison system during this highly contagious, potentially fatal global pandemic are unprecedented. It is no stretch to call this environment 'extraordinary and compelling,' and we well believe that, should we not reduce Defendant's sentence, Defendant has a high likelihood of contracting COVID-19 from which he would "not expected to recover." USSG §§ 1B1.13. No rationale is more compelling or extraordinary."); *US v. Powell*, No. 1:94-cr-0316-ESH (D.D.C. Mar. 24, 2020), Recommendation, Dkt. 94 (Court recommendation to BOP to immediately place defendant, who is 55-years old and suffers from several respiratory problems (including asthma and sleep apnea) into home confinement to serve the remainder of his prison term). See also, *United States v. Watkins*, Case No. 15-20333 (E.D. Mich. Jul. 16, 2020), granting compassionate release to prisoner whose only underlying

condition was previously-treated latent TB; and *Singh v. Barr*, No. 20-CV-02346-VKD, 2020 WL 1929366, at *10 (N.D. Cal. Apr. 20, 2020) (granting release from immigration custody for petitioner with latent TB, hypertension, and obesity); and *United States v. Gerard Scparta*, No. 18 Cr. 578 (AJN), ECF Dkt. 69 (S.D.N.Y. Apr. 19, 2020). In *Scparta*, Judge Nathan granted a compassionate release motion of a 55-year old defendant who suffers from high blood pressure, high cholesterol, sleep apnea, and hypertension. The court found that it could waive § 3582(c)(1)(A)'s 30-day waiting period and hear the motion, and describes FCI Butner's "Kafkaesque" "14-day quarantine" process—which is neither a true "quarantine" nor actually limited to 14 days—before releasing inmates to home confinement.

4. RICO Conspiracy

Due to the extraordinary and unique circumstances arising after the judgment was entered in this case, Gonzalez's sentence is now in violation of the constitution and the laws of the United States and his sentence must be vacated for resentencing pursuant to U.S.S.G. § 2E1.1.

Base Offense Level Pursuant to § 2A1.1

A modification under section 3582(c)(2) is warranted in Gonzalez's case. Amendment 591 changed §§ 1B1.1 and 1B1.2 of the guidelines, the Application Note

to § 1B1.2, and the Introduction to the Statutory Index (Appendix A). *United States v. Diaz*, 245 F.3d 294, 301 (3d Cir. 2001). “The new Application Note unequivocally provides that the court is to use the guideline provided in the Statutory Index (Appendix A) for the offense of conviction,” *id.* at 302 (internal quotation marks removed), rather than a guideline based on judicial findings of actual conduct that did not constitute an element of the offense.

The Statutory Index directs the sentencing court to § 2E1.1 on Unlawful Conduct Relating to Racketeer Influenced and Corrupt Organizations for convictions under 18 U.S.C. §§ 1962(d) and 1962(c). The base offense level under § 2E1.1 is 19 or “the offense level applicable to the underlying racketeering activity,” whichever is greater. U.S.S.G. § 2E1.1. Application Note 2 to § 2E1.1 provides that if the underlying conduct violates state law, the offense level corresponding to the most analogous federal offense is to be used. *Id.*, Application Note 2.

In this case, the Court held that the predicate acts of murder and conspiracy to commit murder violate New Jersey law. Specifically, a violation of N.J. Stat. Ann. § 2C:11-3a occurs when: (1) The actor purposely causes death or serious bodily injury resulting in death; or (2) The actor knowingly causes death or serious bodily injury resulting in death....” It is a crime in the first degree. N.J. Stat. Ann. § 2C:11-3b(1). The analogous federal statute is the murder statute, 18 U.S.C. § 1111. The sentencing

guideline for first degree murder is U.S.S.G. § 2A1.1, which provides for a base offense level of 43. A base offense level of 43 carries a sentence of life in prison, the same sentence Gonzalez is serving. Because Gonzalez's predicate charges for conspiracy and murder were dismissed (instead, he pled guilty to gun possession, for which he was incarcerated from April 3, 1992 to May 2, 1994). See PSR ¶¶ 133-136.

In short, applying the guideline pursuant § 2A1.1 as the basis for determining the base offense level in Gonzalez' case was erroneous in view of the fact that Gonzalez was never convicted of "murder."

In *Apprendi* and the cases that followed, the Supreme Court has said that any fact relied upon to enhance a defendant's sentence beyond the maximum otherwise set by statute must be proven to the jury beyond a reasonable doubt unless the defendant waives that right. Those declarations, however, have always included a caveat—except for the fact of a prior conviction.⁵

5

Apprendi v. New Jersey, 530 U.S. 466, 490 (2000) ("Other than the fact of a prior conviction, any fact that increases the penalty for a crime beyond the prescribed statutory maximum must be submitted to a jury, and proved beyond a reasonable doubt"); *Blakely v. Washington*, 542 U.S. 296, 301 (2004) (quoting *Apprendi* language); *United States v. Booker*, 543 U.S. 220, 244 (2005) ("Any fact (other than a prior conviction) which is necessary to support a sentence exceeding the maximum authorized by the facts established by a plea of guilty or a jury verdict must be admitted by the defendant or proved to a jury beyond a reasonable doubt").

Drug Calculation

The Third Superseding Indictment alleges that the RICO conspiracy started from 1992 to 1995. And that Gonzalez was the leader and organizer of the case. It is essential to note that Gonzalez was incarcerated from April, 1992 to in or about June, 1994 and the evidence at trial show that the conspiracy started in October 1994. The PSR states that although Gonzalez was incarcerated from April, 1992 to in or about June, 1994, Frankie Gonzalez continued the recruitment. . . acted as substitute leader of the organization during the incarceration of Victor Gonzalez. See PSR ¶ 28.

The evidence at trial show the conspiracy started in October, 1994. There was no evidence presented in Court to prove that Gonzalez was indeed accountable for between 10 and 30 kilograms of heroin. No physical evidence was presented to show beyond doubt that Gonzalez was involved in any drug conspiracy, nor was there any evidence to attest that he was giving orders or receiving money (i.e. no phone call records).

In *Apprendi*, the Supreme Court held that the Sixth Amendment to the Constitution requires that any fact that increases the penalty for a crime beyond the prescribed statutory maximum, other than the fact of a prior conviction, must be submitted to a jury and proved beyond a reasonable doubt. In *Alleyne*, the Court applied *Apprendi* to the federal mandatory minimum and maximum sentencing

scheme and held that because mandatory minimum sentences increase the penalty for a crime, any fact that increases the mandatory minimum is an element of the crime that must be submitted to the jury. *Id.* at 116, 133 S.Ct. 2151 (overruling *Harris v. United States*, 536 U.S. 545, 122 S.Ct. 2406, 153 L.Ed.2d 524 (2002)).

Alleyne made clear that in order to preserve a defendant's Sixth Amendment right to a jury trial, any fact that increases the statutory mandatory minimum sentence is an element of the crime which must be submitted to the jury. *Alleyne*, 570 U.S. at 116, 133 S.Ct. 2151. In this case, Gonzalez was found guilty of Counts one, two, and three of the Third Superseding Indictment for conspiracy to distribute and possess with intent to distribute more than 1 kilogram of heroin. Under *Alleyne*, this court is not free to ignore that finding and impose a penalty based on between 10 and 30 kilograms of heroin referenced in the PSR.

5. Gonzalez's Remarkable Rehabilitation

It is essential to also note that since Gonzalez's incarceration began, he has taken numerous steps to attempt to improve himself in "post-conviction rehabilitation." See Exhibit 3. Throughout the time he has spent in prison, Gonzalez has worked long and hard and diligently at his rehabilitation. Gonzalez's commitment to rehabilitation is found in his participation in educational opportunities while in prison. Gonzalez has taken several classes. Gonzalez has no serious incidents in over

seven (7) years now and has been maintaining a clear conduct. Hence, there can be no genuine safety concerns on his release. His extraordinary rehabilitation shows that he is ready for re-entry.

Gonzalez urges the Court to consider the following *Redd* case citations:

- *United States v. Sain*, Case No. 07-20309 (E.D. Mich. Oct. 6, 2020) quoting *United States v. Redd*, 444 F. Supp. 3d 717, 729 (E.D. Va. 2020) (finding sentence reduction proper where inmate “demonstrated a commitment to self-improvement, devoting hundreds of hours to vocational programs, assisting others in their rehabilitative efforts, exhibiting solid work habits, caring for mental health inmates, and in the process exceeding his supervisor’s expectations across most, if not all, areas of work”); *United States v. Parker*, No. 98-CR-00749, 2020 WL 2572525, at *11 (C.D. Cal. May 21, 2020) (collecting cases).
- *United States v. Goldberg*, Criminal Action No. 12-180 (BAH) (D.D.C. Apr. 13, 2020) quoting *United States v. Redd*, No. 1:97-cr-6, 2020 WL 1248493, at *8 (E.D. Va. Mar. 16, 2020) (finding that courts may consider “extraordinary and compelling reasons based on facts and circumstances other than those set forth in U.S.S.G. §1B1.13 cmt. n.1(A)-(C)”); *United States v. Young*, No. 2:00-cr-2, 2020 WL 1047815, at *6 (M.D. Tenn. Mar. 4, 2020) (“[D]istrict courts themselves have the power to determine what constitute extraordinary and compelling reasons for compassionate release.”); *United States v. Maumau*, No. 2:08-cr-758, 2020 WL 806121, at *4 (D. Utah Feb. 18, 2020) (concluding that the court “has the discretion to provide [the defendant] with relief, even if his situation does not fall directly within the Sentencing Commission’s current policy statement.”)
- *United States v. Harpine*, Case No. 6:91-cr-60156-MC (D. Or. Mar. 27, 2020) quoting *United States v. Redd*, No. 1:97-cr-00006-AJT, 2020 WL 1248493, at *10 (E.D. Va. Mar. 16,

2020) (granting compassionate release after recognizing “overwhelmingly positive” prison conduct that was “reflective of substantial rehabilitation”); *United States v. Davis*, No. PJM 00-424-2, 2020 WL 1083158, at *2 (D. Md. Mar. 5, 2020) (granting compassionate release and specifically recognizing that the defendant “has been incarcerated for close to twenty years without a single disciplinary infraction”); *United States v. Perez*, No. 88-10094-1-JTM, 2020 WL 1180719, at *3 (D. Kansas Mar. 11, 2020) (granting compassionate release based on time served and good conduct).

- *United States v. Clark*, Case No. 11-CR-30-2-JPS (E.D. Wis. Jul. 23, 2020) quoting that in *Redd*, the Court evaluated whether extraordinary and compelling reasons existed to reduce the sentence by considering (1) the sentence the defendant originally received compared to the one he would receive today; (2) the disparity between those sentences; and (3) the reason for that disparity. *Redd*, 2020 WL 1248493, at *5. There, the court determined that the disparity was “primarily the result of Congress’ conclusion that sentences like [defendant’s] are unfair and unnecessary.” *Id.* at *6.
- *United States v. Brooks*, Case No. 07-cr-20047-JES-DGB (C.D. Ill. May. 15, 2020) quoting that in *Redd*, the district court held “a court may find, independent of any motion, determination or recommendation by the BOP Director, that extraordinary and compelling reasons exist based on facts and circumstances other than those set forth in U.S.S.G. § 1B1.13 cmt. n.1(A)-(C) and that the reasons it has determined in this case constitute extraordinary and compelling reasons warranting a sentence reduction satisfy any requirement for consistency with any applicable policy statement.”

D. Recidivism Risk Level

In his over twenty-five (25) years of imprisonment, Gonzalez has matured from a rash young man pursuing a lawless lifestyle, to a reflective, empathetic middle-aged adult. According to the Overview of Federal Criminal Cases published by the United States Sentencing Commission for the fiscal year of 2020, the average sentence imposed for murder is 255 months, about forty-eight (48) months more than Gonzalez's already served sentence for RICO conspiracy. U.S. SENTENCING COMM'N, OVERVIEW OF FEDERAL CRIMINAL CASES, FISCAL YEAR 2020, at 9 (2021). However, Gonzalez was not sentenced for murder, but rather for racketeering conspiracy. This guideline instructs to apply the offense level from the offense guideline applicable to underlying offense, to wit: First Degree Murder, which is found in USSG § 2A1.1(a). He was 20 years old when he committed the instant offense, thus he has served more than half of his life behind bars. This is significant punishment for his RICO conspiracy, depriving him of "the family life" that he "cherish[es] more than anything."

Note: Because Gonzalez was only 20 years old when the instant offense was committed, Gonzalez urges this Court to consider the University of Kentucky, College of Agriculture, Food and Environment's Research, "recognizing that brain continues to go through many changes in adolescence and that these changes affect

the ways in which a teenager makes decisions and forms mature judgments.” . . . “In fact, researchers now believe that brain is not fully developed until approximately age 25.” See Exhibit 4.

Factoring in Gonzalez’s rehabilitation and relatively negligible disciplinary record for over 25 years, his continued risk to the public if released appears to be markedly reduced as recidivism declines with age, particularly when tempered by significant rehabilitation. Gonzalez is now 48 years old, making him substantially less likely to recidivate than a younger offender. According to a report by the U.S. Sentencing Commission, Gonzalez, at 45 to 49 years old, has a recidivism rate of 10.1 percent. See U.S. Sent’g Comm’n, *The Effects of Aging on Recidivism Among Federal Offenders* 3 (Dec. 2017) (reporting that “recidivism measured by rearrest, reconviction, and reincarceration declined as age increased” and that offenders aged 65 or older had a rearrest rate of 2.1 percent, as compared to 16.4 percent for offenders younger than 29; and 18.3% for offenders younger than 34). Given the length of his imprisonment, his personal rehabilitation, and deeply felt remorse, the Court must conclude that deterrence and public protection are no longer strong § 3553(a) factors weighing in favor of continued detention.

Under 18 U.S.C. § 3582(c)(2), to modify Gonzalez’s sentence, taking into account the advisory nature of the guidelines after *Booker* and the considerations set

forth in 18 U.S.C. § 3553(a). The court should find that a sentence of time served is sufficient, but not greater than necessary, and accounts for the sentencing factors the court must consider pursuant to 18 U.S.C. § 3553(a), specifically deterrence, protection of the public, and respect for the law.

Additionally, Gonzalez also contends that evidence of his post-sentencing rehabilitation warrants a reduction. Gonzalez's sentence would result in unwarranted sentencing disparities among similarly situated defendants. More so, his BOP record does not show that he is violent or a threat to public safety. This sentence also avoids unwarranted sentencing disparities.

Finally, the combination of factors, age, health conditions, COVID-19 risk, as well as length of time already served, post-conviction rehabilitation, and the changing sentencing landscape justify granting compassionate release to Gonzalez. Otherwise, it would result in an unwarranted sentencing disparity among similarly situated defendants and his BOP record does not show that he is danger to the community.

IV. CONCLUSION

For the above and foregoing reasons, Gonzalez prays this Court would consider his Motion for Compassionate Release pursuant to 18 U.S.C. § 3582(c)(1)(A) and First Step Act of 2018, based upon the "extraordinary and compelling reasons" and release him to home confinement or hold a hearing as soon as possible.

Respectfully submitted,

Dated: July 13, 2021



VICTOR GONALEZ
REG: NO. 19769-050
USP LEE

U.S. PENITENTIARY
P.O.BOX 305
JONESVILLE, VA 24263

Appearing Pro Se

CERTIFICATE OF SERVICE

I hearby certify that on July 13, 2021, a true and correct copy of the above and foregoing Motion for Compassionate Release pursuant to 18 U.S.C. § 3582(c)(1)(A) and the First Step Act 2018 was sent via U.S. Mail, postage prepaid, Andrew B. Johns, Assistant U.S. Attorney at U.S. Attorney's Office, 401 Market Street, 4th Floor, P.O. Box 2098, Camden, NJ 08101



VICTOR GONZALEZ

EXHIBIT 1:
“Administrative Remedies”

INMATE REQUEST TO STAFF MEMBER

NAME: GONZALEZ, Victor

DATE OF REQUEST: 03-15-2021

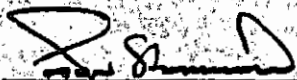
REGISTER NUMBER: 19769-050

UNIT: B

This is in response to your request for a Reduction in Sentence (RIS) pursuant to Program Statement 5050.50 and 18 USC 3582(c) (1) (A) and/or 4205(g). You request a RIS and indicate you are eligible due to extraordinary or compelling circumstances.

In accordance with Program Statement 5050.50, Compassionate Release/Reduction in Sentence: Procedures for Implementation of 18 USC 3582(c) (1) (A) and 4205(g), Section 2, Requests Based on Initiation of Request-Extraordinary or Compelling Circumstances. You have been assessed using the factors outlined in Section 2. You are serving a LIFE sentence for Conspiracy to Commit RICO; Conspiracy to Distribute and Possess with Intent to Distribute more than One Kilogram of Heroin.

Due to the circumstances of your offense and information you provided, we do not believe your circumstances are extraordinary or compelling. Therefore, your request for a RIS is denied. Granting your request would minimize the severity of your offense.


J. C. Streeval, Warden

3/16/21
Date

EXHIBIT 2
(MEDICAL RECORDS)

Bureau of Prisons
Health Services
Patient Education Assessments & Topics

Reg #: 19769-050

Inmate Name: GONZALEZ, VICTOR

Assessments

Assessment Date	Learns Best By	Primary Language	Years of Education	Barriers To Education	Provider
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Total: 0

Topics

Date Initiated	Formal	Handout/Topic	Outcome	Provider
01/11/2021	Medication	Atorvastatin 40 MG TAB	Pharmacy No participation	Hounshell, K.
	Orig Entered: 01/11/2021 12:30 EST Hounshell, K.			
01/07/2021	Counseling	Access to Care	Verbalizes Understanding	Herrell, P
	Orig Entered: 01/07/2021 11:53 EST Herrell, P K			
01/07/2021	Counseling	Compliance - Treatment	Verbalizes Understanding	Herrell, P
	Orig Entered: 01/07/2021 11:53 EST Herrell, P K			
01/07/2021	Counseling	Diet	Verbalizes Understanding	Herrell, P
	Orig Entered: 01/07/2021 11:53 EST Herrell, P K			
01/07/2021	Counseling	Exercise	Verbalizes Understanding	Herrell, P
	Orig Entered: 01/07/2021 11:53 EST Herrell, P K			
01/07/2021	Counseling	Weight Loss	Verbalizes Understanding	Herrell, P
	Orig Entered: 01/07/2021 11:53 EST Herrell, P K			
01/07/2021	Counseling	Plan of Care	Verbalizes Understanding	Herrell, P
	Orig Entered: 01/07/2021 11:53 EST Herrell, P K			
11/19/2020	Counseling	Access to Care	Verbalizes Understanding	Herrell, P
	Orig Entered: 11/19/2020 13:03 EST Herrell, P K			
11/19/2020	Counseling	Compliance - Treatment	Verbalizes Understanding	Herrell, P
	Orig Entered: 11/19/2020 13:03 EST Herrell, P K			
11/19/2020	Counseling	Diet	Verbalizes Understanding	Herrell, P
	Orig Entered: 11/19/2020 13:03 EST Herrell, P K			
11/19/2020	Counseling	Exercise	Verbalizes Understanding	Herrell, P

Reg #: 19769-050

Inmate Name: GONZALEZ, VICTOR

Topics

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Outcome</u>	<u>Provider</u>
	Orig Entered:	11/19/2020 13:03 EST Herrell, P K		
11/19/2020	Counseling	Weight Loss	Verbalizes Understanding	Herrell, P
	Orig Entered:	11/19/2020 13:03 EST Herrell, P K		
11/19/2020	Counseling	Risk vs. benefit of treatment	Verbalizes Understanding	Herrell, P
	Orig Entered:	11/19/2020 13:03 EST Herrell, P K		
11/19/2020	Counseling	Plan of Care	Verbalizes Understanding	Herrell, P
	Orig Entered:	11/19/2020 13:03 EST Herrell, P K		
11/03/2020	Counseling	Access to Care	Verbalizes Understanding	Herrell, P
	Orig Entered:	11/03/2020 08:45 EST Herrell, P K		
11/03/2020	Counseling	Compliance - Treatment	Verbalizes Understanding	Herrell, P
	Orig Entered:	11/03/2020 08:45 EST Herrell, P K		
11/03/2020	Counseling	Diet	Verbalizes Understanding	Herrell, P
	Orig Entered:	11/03/2020 08:45 EST Herrell, P K		
11/03/2020	Counseling	Exercise	Verbalizes Understanding	Herrell, P
	Orig Entered:	11/03/2020 08:45 EST Herrell, P K		
11/03/2020	Counseling	Weight Loss	Verbalizes Understanding	Herrell, P
	Orig Entered:	11/03/2020 08:45 EST Herrell, P K		
11/03/2020	Counseling	Risk vs. benefit of treatment	Verbalizes Understanding	Herrell, P
	Orig Entered:	11/03/2020 08:45 EST Herrell, P K		
11/03/2020	Counseling	Plan of Care	Verbalizes Understanding	Herrell, P
	Orig Entered:	11/03/2020 08:45 EST Herrell, P K		
09/15/2020	Medication	Gemfibrozil 600 MG TAB	Pharmacy No participation	Hounshell, K.
	Orig Entered:	09/15/2020 15:16 EST Hounshell, K.		
08/25/2020	Medication	amLODIPine 10 MG TAB	Pharmacy No participation	Hounshell, K.
	Orig Entered:	08/25/2020 13:34 EST Hounshell, K.		
08/25/2020	Medication	Atorvastatin 40 MG TAB	Pharmacy No participation	Hounshell, K.
	Orig Entered:	08/25/2020 13:34 EST Hounshell, K.		
08/25/2020	Medication	Triamterene/ HCTZ 37.5 MG/25 MG Tab	Pharmacy No participation	Hounshell, K.
	Orig Entered:	08/25/2020 13:34 EST Hounshell, K.		

Reg #: 19769-050

Inmate Name: GONZÁLEZ, VICTOR

Topics

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Outcome</u>	<u>Provider</u>
08/25/2020	Counseling	Access to Care	Verbalizes Understanding	York, Timothy
	Orig Entered:	08/26/2020 14:39 EST York, Timothy		
08/25/2020	Counseling	Diet	Verbalizes Understanding	York, Timothy
	Orig Entered:	08/26/2020 14:39 EST York, Timothy		
08/25/2020	Counseling	Exercise	Verbalizes Understanding	York, Timothy
	Orig Entered:	08/26/2020 14:39 EST York, Timothy		
08/25/2020	Counseling	Test/X-ray Results	Verbalizes Understanding	York, Timothy
	Orig Entered:	08/26/2020 14:39 EST York, Timothy		
08/25/2020	Counseling	Plan of Care	Verbalizes Understanding	York, Timothy
	Orig Entered:	08/26/2020 14:39 EST York, Timothy		
08/25/2020	Counseling	Access to Care	Verbalizes Understanding	York, Timothy
	Orig Entered:	09/08/2020 13:14 EST York, Timothy		
08/25/2020	Counseling	Diet	Verbalizes Understanding	York, Timothy
	Orig Entered:	09/08/2020 13:14 EST York, Timothy		
08/25/2020	Counseling	Exercise	Verbalizes Understanding	York, Timothy
	Orig Entered:	09/08/2020 13:14 EST York, Timothy		
08/25/2020	Counseling	Plan of Care	Verbalizes Understanding	York, Timothy
	Orig Entered:	09/08/2020 13:14 EST York, Timothy		
08/16/2020	Counseling	Access to Care	Verbalizes Understanding	Horst, C.
	Orig Entered:	08/16/2020 14:08 EST Horst, C.		
08/16/2020	Counseling	Plan of Care	Verbalizes Understanding	Horst, C.
	Orig Entered:	08/16/2020 14:08 EST Horst, C.		
08/03/2020	Counseling	Compliance - Treatment	Verbalizes Understanding	Kinnick, T.
	Orig Entered:	08/03/2020 19:58 EST Kinnick, T.		
08/03/2020	Counseling	Plan of Care	Verbalizes Understanding	Kinnick, T.
	Orig Entered:	08/03/2020 19:58 EST Kinnick, T.		
08/03/2020	Counseling	Risk vs. benefit of treatment	Verbalizes Understanding	Kinnick, T.
	Orig Entered:	08/03/2020 19:58 EST Kinnick, T.		
04/18/2020	Counseling	Access to Care	Verbalizes Understanding	Sweeney, D.

Reg #: 19769-050

Inmate Name: GONZALEZ, VICTOR

Topics

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Outcome</u>	<u>Provider</u>
04/18/2020	Counseling	Plan of Care	Verbalizes Understanding	Sweeney, D.
04/15/2020	Counseling	Access to Care	Verbalizes Understanding	Bice, K.
03/09/2020	Medication	amLODIPine 10 MG TAB	Pharmacy No participation	Kloëpping, A.
02/27/2020	Counseling	Compliance - Treatment	Verbalizes Understanding	Ross, T.
02/27/2020	Counseling	Diet	Verbalizes Understanding	Ross, T.
02/27/2020	Counseling	Exercise	Verbalizes Understanding	Ross, T.
02/27/2020	Counseling	Medication Side Effects	Verbalizes Understanding	Ross, T.
02/27/2020	Counseling	Plan of Care	Verbalizes Understanding	Ross, T.
Total: 48				

**Bureau of Prisons
Health Services
Health Problems**

Reg #: 19769-050

Inmate Name: GONZALEZ, VICTOR

<u>Description</u>	<u>Axis</u>	<u>Code Type</u>	<u>Code</u>	<u>Diag. Date</u>	<u>Status</u>	<u>Status Date</u>
Current						
Hyperlipidemia, mixed						
12/15/2015 13:41 EST Crites, Kristi CRNP	III	ICD-9	272.2	06/26/2013	Current	12/15/2015
diet/exercise/weight loss						
06/26/2013 12:32 EST Henaghan, Kristi CRNP	III	ICD-9	272.2	06/26/2013	Current	06/26/2013
diet/exercise/weight loss						
Hypertension, Benign Essential						
03/09/2016 13:52 EST Winston, James MD	III	ICD-9	401.1	03/09/2016	Current	12/15/2015
dyazide one daily						
04/17/2014 15:17 EST Henaghan, Kristi CRNP	III	ICD-9	401.1	06/26/2013	Current	04/17/2014
06/26/2013 12:32 EST Henaghan, Kristi CRNP	III	ICD-9	401.1	06/26/2013	Current	06/26/2013
start medication.						
Nevus, non-neoplastic						
09/10/2009 09:46 EST Fernandez, Sonia MLP	III	ICD-9	448.1	09/10/2009	Current	09/10/2009
Dental caries, unspecified						
07/16/2013 15:12 EST Morris-Veasey, Carolyn Chief Dentist	III	ICD-9	521.00	07/16/2013	Current	07/16/2013
*Acute gingivitis						
07/16/2013 15:12 EST Morris-Veasey, Carolyn Chief Dentist	III	ICD-9	523.0	07/16/2013	Current	07/16/2013
Chronic periodontitis, generalized						
10/07/2015 17:42 EST McGahée, Tequilla N. DMD	III	ICD-9	523.42	09/28/2015	Current	09/28/2015
Spondylolisthesis						
06/26/2013 12:32 EST Henaghan, Kristi CRNP	III	ICD-9	756.12	05/09/2012	Current	06/26/2013
05/09/2012 11:25 EST Panaguiton, Elizabeth G. MLP	III	ICD-9	756.12	05/09/2012	Current	05/09/2012
LTBI Prophyl Refused						
12/20/2018 10:46 EST Stolarzyk, Lindy RN/IOP/IDC	III	ICD-10	795.5D	09/10/1999	Current	04/18/2016
Signed refusal for Tx 12/20/2018						
04/18/2016 14:14 EST Rutherford, Amanda RN/HSS	III	ICD-9	795.5D	09/10/1999	Current	04/18/2016
03/03/2010 13:39 EST Nguyen, Thao D. MLP	III	ICD-9	795.5D	09/10/1999	Resolved	03/03/2010
Obesity						

Reg #: 19769-050

Inmate Name: GONZALEZ, VICTOR

<u>Description</u>	<u>Axis</u>	<u>Code Type</u>	<u>Code</u>	<u>Diag. Date</u>	<u>Status</u>	<u>Status Date</u>
03/01/2018 09:34 EST Smith, Nancy FNP BMI 35.9.		ICD-10	E669	03/01/2018	Current	
02/13/2017 10:25 EST Gabriel, Asher MD/CD bmi35.4		ICD-10	E669	02/13/2017	Current	
Other specified symptoms and signs involving the circulatory and respiratory systems						
09/18/2018 08:12 EST Herrell, P K NP		ICD-10	R0989	09/18/2018	Current	
Coronavirus COVID-19 test negative:						
01/06/2021 14:17 EST Herrell, P K NP 01/04/21		ICD-10	Z03818-	09/05/2020	Current	
09/14/2020 11:18 EST Rutherford, Amanda RN/HSS		ICD-10	Z03818-	09/05/2020	Current	
09/09/2020 09:23 EST Herrell, P K NP 09/02/20		ICD-10	Z03818-	09/09/2020	Current	
Patient's noncompliance with other medical treatment and regimen						
11/03/2020 08:43 EST Herrell, P K NP		ICD-10	Z9119	11/03/2020	Current	

Resolved

Dermatophytosis of hand (Tinea Manuum):						
04/06/2016 07:29 EST Hammonds, Christina FNP	III	ICD-9	110.2	12/15/2015	Resolved	04/06/2016
12/15/2015 13:41 EST Crites, Kristi CRNP	III	ICD-9	110.2	12/15/2015	Current	12/15/2015
Overweight:						
01/13/2020 11:18 EST Ahmed, F. MD/CD	III	ICD-9	278.02	08/04/2012	Resolved	01/13/2020
08/04/2012 07:33 EST Panaguiton, Elizabeth G. MLP	III	ICD-9	278.02	08/04/2012	Current	08/04/2012
Other chronic pain						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	338.29	06/04/2009	Resolved	12/13/2010
12/13/2010 15:28 EST Nguyen, Thao D. MLP	III	ICD-9	338.29	06/04/2009	Resolved	12/13/2010
06/04/2009 14:20 EST Fernandez, Sonia MLP	III	ICD-9	338.29	06/04/2009	Current	06/04/2009
Acute upper respiratory infection of unspec site						
03/24/2016 10:09 EST Gabriel, Asher MD/CD	III	ICD-9	465.9	03/20/2015	Resolved	03/24/2016
03/20/2015 15:23 EST McGann, S. MD	III	ICD-9	465.9	03/20/2015	Current	03/20/2015
Chronic pharyngitis						
03/01/2018 09:34 EST Smith, Nancy FNP inflamed Uvula	III	ICD-9	472.1	01/29/2013	Resolved	03/01/2018
01/29/2013 10:15 EST Panaguiton, Elizabeth G. MLP inflamed Uvula	III	ICD-9	472.1	01/29/2013	Current	01/29/2013
Carbuncle and furuncle of face						

Reg #: 19769-050

Inmate Name: GONZALEZ, VICTOR

Description	Axis	Code Type	Code	Diag. Date	Status	Status Date
02/23/2016 07:20 EST SYSTEM warm compresses, daily f/u with nurse, bactrim	III	ICD-9	680.0	09/29/2014	Resolved	01/27/2015
01/27/2015 13:23 EST Crites, Kristi CRNP warm compresses, daily f/u with nurse, bactrim	III	ICD-9	680.0	09/29/2014	Resolved	01/27/2015
01/15/2015 08:25 EST Crites, Kristi CRNP warm compresses, daily f/u with nurse, bactrim	III	ICD-9	680.0	09/29/2014	Current	01/15/2015
10/09/2014 10:43 EST Crites, Kristi CRNP	III	ICD-9	680.0	09/29/2014	Resolved	10/09/2014
09/29/2014 08:40 EST Crites, Kristi CRNP	III	ICD-9	680.0	09/29/2014	Current	09/29/2014
Carbuncle and furuncle of buttock:						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	680.5	12/03/2014	Resolved	12/08/2014
12/08/2014 11:21 EST Crites, Kristi CRNP	III	ICD-9	680.5	12/03/2014	Resolved	12/08/2014
12/03/2014 08:13 EST Crites, Kristi CRNP	III	ICD-9	680.5	12/03/2014	Current	12/03/2014
Carbuncle and furuncle of leg, except foot						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	680.6	12/17/2015	Resolved	01/04/2016
01/04/2016 14:38 EST Crites, Kristi CRNP	III	ICD-9	680.6	12/17/2015	Resolved	01/04/2016
12/17/2015 11:37 EST Crites, Kristi CRNP	III	ICD-9	680.6	12/17/2015	Current	12/17/2015
Carbuncle and furuncle of other specified sites						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	680.8	05/28/2015	Resolved	07/21/2015
07/21/2015 09:11 EST Crites, Kristi CRNP	III	ICD-9	680.8	05/28/2015	Resolved	07/21/2015
05/28/2015 11:20 EST Crites, Kristi CRNP	III	ICD-9	680.8	05/28/2015	Current	05/28/2015
Carbuncle and furuncle of unspecified site						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	680.9	12/06/2010	Resolved	12/25/2010
12/25/2010 11:22 EST Nguyen, Thao D. MLP	III	ICD-9	680.9	12/06/2010	Resolved	12/25/2010
12/06/2010 14:17 EST Nguyen, Thao D. MLP	III	ICD-9	680.9	12/06/2010	Current	12/06/2010
Cellulitis and abscess of finger, unspecified						
02/23/2016 07:20 EST SYSTEM used lancet to puncture skin to remove any bacteria housed within. Cleansed and given band-aids to cover. Inmate aware of s/s of infection. F/u with nurse given.	III	ICD-9	681.00	06/23/2014	Resolved	10/10/2014
10/10/2014 13:55 EST Crites, Kristi CRNP used lancet to puncture skin to remove any bacteria housed within. Cleansed and given band-aids to cover. Inmate aware of s/s of infection. F/u with nurse given.	III	ICD-9	681.00	06/23/2014	Resolved	10/10/2014
06/23/2014 10:46 EST Crites, Kristi CRNP used lancet to puncture skin to remove any bacteria housed within. Cleansed and given band-aids to cover. Inmate aware of s/s of infection. F/u with nurse given.	III	ICD-9	681.00	06/23/2014	Current	06/23/2014
Cellulitis and abscess of leg, except foot						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	682.6	03/27/2015	Resolved	04/13/2015
04/13/2015 11:34 EST Crites, Kristi CRNP	III	ICD-9	682.6	03/27/2015	Resolved	04/13/2015

Reg #: 19769-050

Inmate Name: GONZALEZ, VICTOR

<u>Description</u>	<u>Axis</u>	<u>Code Type</u>	<u>Code</u>	<u>Diag. Date</u>	<u>Status</u>	<u>Status Date</u>
03/27/2015 09:58 EST McGann, S. MD	III	ICD-9	682.6	03/27/2015	Current	03/27/2015
Cellulitis and abscess of other specified sites						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	682.8	01/28/2011	Resolved	09/05/2014
right forearm						
09/05/2014 10:39 EST Crites, Kristi CRNP	III	ICD-9	682.8	01/28/2011	Resolved	09/05/2014
right forearm						
08/22/2014 13:21 EST Crites, Kristi CRNP	III	ICD-9	682.8	01/28/2011	Current	08/22/2014
right forearm						
01/28/2011 15:32 EST Goode, William PA-C	III	ICD-9	682.8	01/28/2011	Current	01/28/2011
Left axilla						
Other atopic dermatitis and related conditions						
04/06/2016 07:29 EST Hammonds, Christina FNP	III	ICD-9	691.8	05/09/2011	Resolved	04/06/2016
05/09/2011 12:09 EST Goode, William PA-C	III	ICD-9	691.8	05/09/2011	Current	05/09/2011
Dermatitis/eczema due to unspecified cause						
04/06/2016 07:29 EST Hammonds, Christina FNP	III	ICD-9	692.9	12/06/2010	Resolved	04/06/2016
12/06/2010 14:17 EST Nguyen, Thao D. MLP	III	ICD-9	692.9	12/06/2010	Current	12/06/2010
Backache, unspecified						
04/06/2016 07:29 EST Hammonds, Christina FNP	III	ICD-9	724.5	01/11/2011	Resolved	04/06/2016
01/11/2011 09:50 EST Nguyen, Thao D. MLP	III	ICD-9	724.5	01/11/2011	Current	01/11/2011
Nerve pain, neuralgia neuritis, radiculitis						
03/01/2018 09:34 EST Smith, Nancy FNP	III	ICD-9	729.2	06/26/2012	Resolved	03/01/2018
06/26/2012 06:49 EST Panaguiton, Elizabeth G. MLP	III	ICD-9	729.2	06/26/2012	Current	06/26/2012
Diarrhea						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	787.91	11/25/2008	Resolved	12/13/2010
12/13/2010 15:28 EST Nguyen, Thao D. MLP	III	ICD-9	787.91	11/25/2008	Resolved	12/13/2010
11/25/2008 12:34 EST Fernandez, Sonia MLP	III	ICD-9	787.91	11/25/2008	Current	11/25/2008
Acute bronchitis, unspecified						
09/08/2016 09:41 EST Smith, Nancy FNP	ICD-10		J209	07/08/2016	Resolved	09/08/2016
07/08/2016 10:37 EST Hammonds, Christina FNP	ICD-10		J209	07/08/2016	Current	
Allergic rhinitis						
09/08/2016 09:41 EST Smith, Nancy FNP	ICD-10		J309	06/24/2016	Resolved	09/08/2016
06/24/2016 11:45 EST Hammonds, Christina FNP	ICD-10		J309	06/24/2016	Current	
Injury muscle/fascia/tendon at forearm level						
03/01/2018 09:34 EST Smith, Nancy FNP	ICD-10		S56909	11/29/2016	Resolved	03/01/2018
right						

Reg #: 19769-050

Inmate Name: GONZALEZ, VICTOR.

<u>Description</u>	<u>Axis</u>	<u>Code Type</u>	<u>Code</u>	<u>Diag. Date</u>	<u>Status</u>	<u>Status Date</u>
11/29/2016 16:17 EST Smith, Nancy FNP right		ICD-10	S56909	11/29/2016	Current	
Radiological examination, not elsewhere classified						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	V72.5	01/04/2013	Resolved	01/04/2013
01/04/2013 12:36 EST Panaguiton, Elizabeth G. MLP	III	ICD-9	V72.5	01/04/2013	Current	01/04/2013
Radiological examination, not elsewhere classified						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	V72.5	05/09/2012	Resolved	05/09/2012
05/09/2012 11:25 EST Panaguiton, Elizabeth G. MLP	III	ICD-9	V72.5	05/09/2012	Current	05/09/2012
Quarantine - asymptomatic person in quarantine						
09/14/2020 11:18 EST Rutherford, Amanda RN/HSS Intake		ICD-10	Z0489-q	08/20/2020	Resolved	09/14/2020
08/20/2020 14:36 EST Smith, Nancy FNP Intake		ICD-10	Z0489-q	08/20/2020	Current	
07/27/2020 17:05 EST Bice, K. RN, IOP/IDC		ICD-10	Z0489-q	07/27/2020	Current	

Total: 36

**Bureau of Prisons
Health Services
COVID-19 RNA**

Begin Date: 02/01/2020

End Date: 02/01/2021

Reg #: 19769-050

Inmate Name: GONZALEZ, VICTOR

(Reference Range - Negative)

<u>Effective Date</u>	<u>COVID-19 RNA</u>	<u>Provider</u>
12/21/2020 16:37-LEE	Negative Asymptomatic	Pease, Karen RN
Orig Entered: 12/21/2020 16:38 EST Pease, Karen RN		
08/20/2020 12:11 LEE	Negative Asymptomatic	Parker, B. RN
Orig Entered: 08/20/2020 12:12 EST Parker, B. RN		

Total: 2

**Bureau of Prisons
Health Services
Medical Duty Status**

Reg #: 19769-050

Inmate Name: GONZALEZ, VICTOR

Housing Status

☐ confined to the living quarters except ☐ meals ☐ pill line ☐ treatments Exp. Date: _____

☐ on complete bed rest: ☐ bathroom privileges only Exp. Date: _____

☐ cell: ☐ cell on first floor ☐ single cell ☐ lower bunk ☐ airborne infection isolation Exp. Date: _____

☐ other: _____ Exp. Date: _____

Physical Limitation/Restriction

☐ all sports Exp. Date: _____

☐ weightlifting: ☐ upper body ☐ lower body Exp. Date: _____

☐ cardiovascular exercise: ☐ running ☐ jogging ☐ walking ☐ softball Exp. Date: _____

☐ ☐ football ☐ basketball ☐ handball ☐ stationary equipment Exp. Date: _____

☐ other: _____ Exp. Date: _____

May have the following equipment in his / her possession:**Work Restriction / Limitation:**Cleared for Food Service: YesX No Restrictions

Comments: -cellulitis left of umbilicus, inmate has permission to have large band-aids and 2x2 gauze for self care of wound. Follow up one week from 7-2-19. C BungardRN

Bice, K: RN, IOP/IDC

04/15/2020

Health Services Staff

Date

Inmate Name: GONZALEZ, VICTOR Reg #: 19769-050 Quarters: B02**ALL EXPIRATION DATES ARE AT 24:00**

**Bureau of Prisons
Health Services
Medication Summary
Historical**

Complex: LEE-LEE USP	Begin Date: 02/01/2020	End Date: 02/01/2021
Inmate: GONZALEZ, VICTOR	Reg #: 19769-050	Quarter: B02-229U

Medications listed reflect prescribed medications from the begin date to end date on this report.

Allergies: Denied

Active Prescriptions

amLODIPine 5 MG TAB

Take one tablet (5 MG) by mouth each day

Rx#: 10614-TOM Doctor: Ahmed, F. MD/CD

Start: 01/13/20 Exp: 01/12/21 D/C: 03/03/20 Pharmacy Dispensings: 30 TAB in 386 days

amLODIPine 10 MG TAB

Take one tablet (10 MG) by mouth each day

Rx#: 107110-CP1 Doctor: York, Timothy DO

Start: 08/24/20 Exp: 09/23/20 D/C: 08/26/20 Pharmacy Dispensings: 30 TAB in 162 days

amLODIPine 10 MG TAB

Take one tablet (10 MG) by mouth each day

Rx#: 108213-CP1 Doctor: York, Timothy DO

Start: 08/26/20 Exp: 08/26/21 D/C: 09/09/20 Pharmacy Dispensings: 90 TAB in 160 days

amLODIPine 10 MG TAB

Take one tablet (10 MG) by mouth each day

Rx#: 111872-CP1 Doctor: York, Timothy DO

Start: 09/09/20 Exp: 09/09/21 Pharmacy Dispensings: 60 TAB in 146 days

amLODIPine 10 MG TAB

Take one tablet (10 MG) by mouth each day

Rx#: 11775-TOM Doctor: Ross, T. NP

Start: 03/03/20 Exp: 08/30/20 D/C: 08/20/20 Pharmacy Dispensings: 60 TAB in 336 days

Aspirin 81 MG EC Tab

Take one tablet (81 MG) by mouth each day for heart protection

Rx#: 7281-TOM Doctor: Boyd, Rock MD/CD

Start: 08/22/19 Exp: 02/18/20 Pharmacy Dispensings: 135 TAB in 530 days

Atorvastatin 40 MG TAB

Take one tablet (40 MG) by mouth each evening for control of cholesterol

Rx#: 10615-TOM Doctor: Ahmed, F. MD/CD

Start: 01/13/20 Exp: 01/12/21 D/C: 08/20/20 Pharmacy Dispensings: 90 tab in 386 days

Complex: LEE-LEE USP
Inmate: GONZALEZ, VICTOR

Begin Date: 02/01/2020
Reg #: 19769-050

End Date: 02/01/2021
Quarter: B02-229U

Active Prescriptions

Atorvastatin 40 MG TAB

Take one tablet (40 MG) by mouth each evening for control of cholesterol.

Rx#: 107111-CP1 Doctor: York, Timothy DO

Start: 08/24/20 Exp: 09/23/20 D/C: 08/26/20 Pharmacy Dispensings: 30 tab in 162 days

Atorvastatin 20 MG TAB

Take one tablet (20 MG) by mouth each day

Rx#: 108214-CP1 Doctor: York, Timothy DO

Start: 08/26/20 Exp: 08/26/21 D/C: 09/09/20 Pharmacy Dispensings: 30 tab in 160 days

Atorvastatin 40 MG TAB

Take one tablet (40 MG) by mouth each evening

Rx#: 156887-CP1 Doctor: Herrell, P K NP

Start: 01/07/21 Exp: 07/06/21 Pharmacy Dispensings: 30 tab in 26 days

Gemfibrozil 600 MG TAB

Take one tablet (600 MG) by mouth twice daily

Rx#: 111874-CP1 Doctor: York, Timothy DO

Start: 09/09/20 Exp: 09/09/21 D/C: 01/07/21 Pharmacy Dispensings: 180 TAB in 146 days

Triamterene/ HCTZ 37.5 MG/25 MG Tab

NOTE DOSE and STRENGTH Take one-half (1/2) tablet by mouth each day to control blood pressure

Rx#: 10616-TOM Doctor: Ahmed, F MD/CD

Start: 01/13/20 Exp: 01/12/21 D/C: 08/20/20 Pharmacy Dispensings: 45 TAB in 386 days

Triamterene/ HCTZ 37.5 MG/25 MG Tab

NOTE DOSE and STRENGTH Take one-half (1/2) tablet by mouth each day to control blood pressure

Rx#: 107112-CP1 Doctor: York, Timothy DO

Start: 08/24/20 Exp: 09/23/20 D/C: 08/26/20 Pharmacy Dispensings: 15 TAB in 162 days

Triamterene/ HCTZ 37.5 MG/25 MG Tab

NOTE DOSE and STRENGTH Take one-half (1/2) tablet by mouth each day to control blood pressure

Rx#: 108215-CP1 Doctor: York, Timothy DO

Start: 08/26/20 Exp: 08/26/21 D/C: 09/09/20 Pharmacy Dispensings: 45 TAB in 160 days

Triamterene/ HCTZ 37.5 MG/25 MG Tab

NOTE DOSE and STRENGTH Take one-half (1/2) tablet by mouth each day to control blood pressure

Rx#: 111875-CP1 Doctor: York, Timothy DO

Start: 09/09/20 Exp: 09/09/21 Pharmacy Dispensings: 30 TAB in 146 days

Complex: LEE-LEE USP

Begin Date: 02/01/2020

End Date: 02/01/2021

Inmate: GONZALEZ, VICTOR

Reg #: 19769-050

Quarter: B02-229U

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: GONZALEZ, VICTOR
Date of Birth: 10/25/1972
Encounter Date: 01/07/2021 07:45

Sex: M Race: WHITE
Provider: Herrell, P K NP

Reg #: 19769-050
Facility: LEE
Unit: B02

Mid Level Provider - Follow up Visit encounter performed at Housing Unit.

SUBJECTIVE:

COMPLAINT 1 Provider: Herrell, P K NP

Chief Complaint: GENERAL

Subjective: follow up to review/discuss lipid panel. Inmate is prescribed Lipid 600 mg BID. Cholesterol 236--was 220--11/2020, TG 284--was 478, LDL 139. states has been taking his Lipid. Discussed today that would start Atorvastatin 40 mg and would stop lipid and continue Atorvastatin--verbalized, understanding, handouts given: Healthy Eating, Tips on lowering cholesterol, Tips on lowering TG, and Preventing high cholesterol. will continue to monitor labs, no issues/concerns voiced by inmate today.

Pain: No

OBJECTIVE:

Exam:

General

Appearance

Yes: Appears Well, Alert and Oriented x 3

Skin

General

Yes: Dry, Skin Intact

Eyes

Pupils

Yes: Brisk Light Reaction

Pulmonary

Thorax

Yes: Normal Thoracic Expansion; Normal Diaphragmatic Excursion

Peripheral Vascular

General

No: Non-Pitting Edema, Pitting Edema

Abdomen

Inspection

No: Distension

ASSESSMENT:

Hyperlipidemia, mixed, 272.2 - Current

PLAN:

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	Atorvastatin Tablet	01/07/2021 07:45
	<u>Prescriber Order:</u> 40 mg Orally each evening x 180 day(s)	
	<u>Indication:</u> Hyperlipidemia, mixed	

Inmate Name: GONZALEZ, VICTOR
 Date of Birth: 10/25/1972
 Encounter Date: 01/07/2021 07:45

Sex: M Race: WHITE
 Provider: Herrell, P K NP

Reg #: 19769-050
 Facility: LEE
 Unit: B02

Discontinued Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
111874-CP1	Gemfibrozil 600 MG TAB	01/07/2021 07:45
<u>Prescriber Order:</u> Take one tablet (600 MG) by mouth twice daily		
<u>Discontinue Type:</u> When Pharmacy Processes		
<u>Discontinue Reason:</u> new order written		
<u>Indication:</u>		

New Laboratory Requests:

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
Lab Tests - Short List-General-Lipid Profile	One Time	04/01/2021 00:00	Routine
Lab Tests - Short List-General-Hemoglobin A1C			
Labs requested to be reviewed by: York, Timothy DO			

Schedule:

<u>Activity</u>	<u>Date Scheduled</u>	<u>Scheduled Provider</u>
Chart Review	04/07/2021 00:00	MLP 03
look at lipid panel--see if taking lipitor		

Disposition:

Follow-up at Sick Call as Needed

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
01/07/2021	Counseling	Access to Care	Herrell, P	Verbalizes Understanding
01/07/2021	Counseling	Compliance - Treatment	Herrell, P	Verbalizes Understanding
01/07/2021	Counseling	Diet	Herrell, P	Verbalizes Understanding
01/07/2021	Counseling	Exercise	Herrell, P	Verbalizes Understanding
01/07/2021	Counseling	Weight Loss	Herrell, P	Verbalizes Understanding
01/07/2021	Counseling	Plan of Care	Herrell, P	Verbalizes Understanding

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Herrell, P K NP on 01/07/2021 12:19

Requested to be reviewed by York, Timothy DO.

Review documentation will be displayed on the following page:

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	GONZALEZ, VICTOR	Reg #:	19769-050
Date of Birth:	10/25/1972	Sex:	M
Encounter Date:	01/07/2021 07:45	Provider:	Herrell, P K NP
		Race:	WHITE
		Facility:	LEE

Reviewed by York, Timothy DO on 01/07/2021 12:33.



FMC Butner
 1000 Old Highway NC.75
 Butner, NC 27509
 919-575-3900 x5707

*** Sensitive But Unclassified ***

Name GONZALEZ, VICTOR	Facility USP Lee	Collected 01/04/2021 11:19
Reg # 19769-050	Order Unit B02-229U	Received 01/05/2021 12:03
DOB 10/25/1972	Provider P. Herrell, NP	Reported 01/05/2021 13:30
Sex M		LIS ID 324203317

CHEMISTRY

Cholesterol	H	236	<200	mg/dL
Triglycerides	H	284	<150	mg/dL
HDL Cholesterol		40	40-60	mg/dL
LDL Cholesterol (calc)	H	139	<130	mg/dL
Chol/HDL Ratio	H	5.9	0.0-4.0	

FLAG LEGEND L=Low LI=Low Critical H=High HI=High Critical A=Abnormal AI=Abnormal Critical

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	GONZALEZ, VICTOR	Sex:	M	Reg #:	19769-050
Date of Birth:	10/25/1972	Provider:	Lab Result Receive	Race:	WHITE
Encounter Date:	01/05/2021 13:32			Facility:	LEE

Reviewed by Herrell, P K NP on 01/05/2021 14:38.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	GONZALEZ, VICTOR	Sex:	M	Reg #:	19769-050
Date of Birth:	10/25/1972	Provider:	Lab Result Receive	Race:	WHITE
Encounter Date:	01/05/2021 13:32			Facility:	LEE

Cosigned by York, Timothy DO on 01/07/2021 08:27.



Page 12 of 51

01/06/2021 08:12:04 AM

Report Status: Final
GONZALEZ, VICTOR

Patient Information	Specimen Information	Client Information
GONZALEZ, VICTOR DOB: 10/25/1972 AGE: 48 Gender: M Phone: 276.546.0150 Patient ID: 19769-050 Health ID: 8577025253944877	Specimen: AL584899Y Requisition: 0000216 Collected: 01/04/2021 Received: 01/05/2021 / 05:36 EST Reported: 01/05/2021 / 19:34 EST	Client #: 10800545 QATL000 YORK, TIMOTHY J USP LEE HICKORY FLATS RD PENNINGTON GAP, VA 24277-7751

SARS-CoV-2 (COVID-19) Tests

Test Name	Result	Reference Range	Lab
SARS-CoV-2 RNA (COVID-19): QUALITATIVE NAAT			AT
SARS-CoV-2 RNA	NOT DETECTED	NOT DETECTED	

A Not Detected (negative) test result for this test means that SARS-CoV-2 RNA was not present in the specimen above the limit of detection. A negative result does not rule out the possibility of COVID-19 and should not be used as the sole basis for treatment or patient management decisions. If COVID-19 is still suspected, based on exposure history together with other clinical findings, re-testing should be considered in consultation with public health authorities. Laboratory test results should always be considered in the context of clinical observations and epidemiological data in making a final diagnosis and patient management decisions.

Please review the "Fact Sheets" and FDA authorized labeling available for health care providers and patients using the following websites: <https://www.questdiagnostics.com/home/Covid-19/HCP/NAAT/fact-sheet2> <https://www.questdiagnostics.com/home/Covid-19/Patients/NAAT/fact-sheet2>

This test has been authorized by the FDA under an Emergency Use Authorization (EUA) for use by authorized laboratories.

Due to the current public health emergency, Quest Diagnostics is receiving a high volume of samples from a wide variety of swabs and media for COVID-19 testing. In order to serve patients during this public health crisis, samples from appropriate clinical sources are being tested. Negative test results derived from specimens received in non-commercially manufactured viral collection and transport media, or in media and sample collection kits not yet authorized by FDA for COVID-19 testing should be cautiously evaluated and the patient potentially subjected to extra precautions such as additional clinical monitoring, including collection of an additional specimen.

Methodology: Nucleic Acid Amplification Test (NAAT) includes RT-PCR or TMA

Additional information about COVID-19 can be found at the Quest Diagnostics website: www.QuestDiagnostics.com/Covid19

Physician Comments:

PERFORMING SITE:

AT QUEST DIAGNOSTICS-ATLANTA, 1777 ANTONIO DRIVE, TUCKER, GA 30084-6880 Laboratory Director: ANDREW N. YOUNG, MD, PhD, CLIA: 11D028991

CLIENT SERVICES: 866.697.8378

SPECIMEN: AL584899Y

PAGE 1 OF 1

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**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	GONZALEZ, VICTOR	Sex:	M	Race:	WHITE	Reg #:	19769-050
Date of Birth:	10/25/1972	Provider:	Bray, Charles D FNP-BC	Facility:	LEE	Unit:	802
Note Date:	12/22/2020 14:39						

Admin Note - Orders encounter performed at Health Services:

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Bray, Charles D FNP-BC

Admin note for orders

Inmate needs orders for COVID-19 screening labs
Will order screening labs

New Laboratory Requests:

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
Lab Tests-C-COVID-19 Novel Coronavirus	One Time	01/04/2021 00:00	Routine
Labs requested to be reviewed by:	York, Timothy DO		

New Non-Medication Orders:

<u>Order</u>	<u>Frequency</u>	<u>Duration</u>	<u>Details</u>	<u>Ordered By</u>
Temperature	One Time		s/s check temperature 01/04/2021	Bray, Charles D FNP-BC
Order Date:	12/22/2020			

Copay Required: No Cosign Required: No

Telephone/Verbal Order: No

Completed by Bray, Charles D FNP-BC on 12/22/2020 14:40

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: GONZALEZ, VICTOR;
Date of Birth: 10/25/1972
Encounter Date: 11/19/2020 07:35

Sex: M Race: WHITE
Provider: Herrell, P K NP

Reg #: 19769-050
Facility: LEE
Unit: B02

Mid Level Provider - Follow up Visit encounter performed at Housing Unit.

SUBJECTIVE:

COMPLAINT 1 Provider: Herrell, P K NP

Chief Complaint: GENERAL

Subjective: review of labs dated 11/16/20. Cholesterol 220, TG 478, and HDL 41. inmate is prescribed Lipid. was seen 11/2/20 and discussed at that time his non-compliance in taking and filling his medication. have discussed low fat diet, exercise, and weight loss. states I will take my medication. will not start Lipitor at this time—since inmate has been non-complaint with his lipid—will repeat lipid in about 6 weeks and see if any change in values—since inmate states will take his medication.

Pain: No

OBJECTIVE:

Exam:

General

Appearance

Yes: Appears Well, Alert and Oriented x3.

Skin

General

Yes: Dry, Skin Intact

ASSESSMENT:

Hyperlipidemia, mixed; 272.2 - Current

Patient's noncompliance with other medical treatment and regimen, Z9119 - Current

PLAN:

New Laboratory Requests:

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
Lab Tests - Short List-General-Lipid Profile Labs requested to be reviewed by:	One Time York, Timothy DO	01/04/2021 00:00	Routine

Schedule:

<u>Activity</u>	<u>Date Scheduled</u>	<u>Scheduled Provider</u>
Chart Review see if lipid panel completed, see if filling lipid, and see if need to start lipitor	01/13/2021 00:00	MLP 03

Disposition:

Follow-up at Sick Call as Needed

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
11/19/2020	Counseling	Risk vs. benefit of treatment	Herrell, P	Verbalizes Understanding

Inmate Name: GONZALEZ, VICTOR

Date of Birth: 10/25/1972

Sex: M Race: WHITE

Reg #: 19769-050

Encounter Date: 11/19/2020 07:35

Provider: Herrell, P K NP

Facility: LEE

Unit: B02

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
11/19/2020	Counseling	Plan of Care	Herrell, P	Verbalizes Understanding
11/19/2020	Counseling	Access to Care	Herrell, P	Verbalizes Understanding
11/19/2020	Counseling	Compliance - Treatment	Herrell, P	Verbalizes Understanding
11/19/2020	Counseling	Diet	Herrell, P	Verbalizes Understanding
11/19/2020	Counseling	Exercise	Herrell, P	Verbalizes Understanding
11/19/2020	Counseling	Weight Loss	Herrell, P	Verbalizes Understanding

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Herrell, P K NP on 11/19/2020 13:03

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: GONZALEZ, VICTOR
Date of Birth: 10/25/1972
Encounter Date: 11/02/2020 13:50

Sex: M Race: WHITE
Provider: Herrell, P K NP

Reg #: 19769-050
Facility: LEE
Unit: B02

Mid Level Provider - Follow up Visit encounter performed at Housing Unit.

SUBJECTIVE:

COMPLAINT 1 Provider: Herrell, P K NP

Chief Complaint: GENERAL

Subjective: follow up with inmate after starting Lipid. Cholesterol was 224, TG 264, HDL 41, and LDL 130. review of chart shows has not filled Lipid since 09/2020 or other medications. Discussed need for compliance of medications and risks involved if did not take medication. states I have started taking. will need repeat lipid panel. have discussed low fat diet, exercise, and weight loss.

Pain: No

OBJECTIVE:

Exam:

General

Appearance

Yes: Appears Well, Alert and Oriented x 3

Skin

General

Yes: Dry, Skin Intact

ASSESSMENT:

Patient's noncompliance with other medical treatment and regimen, Z9119 - Current

PLAN:

New Laboratory Requests:

Details

Lab Tests - Short List-General-Lipid Profile
Labs requested to be reviewed by:

Frequency

One Time:
York, Timothy DO

Due Date

11/09/2020 00:00

Priority

Routine

Disposition:

Follow-up at Sick Call as Needed

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
11/03/2020	Counseling	Access to Care	Herrell, P	Verbalizes Understanding
11/03/2020	Counseling	Compliance - Treatment	Herrell, P	Verbalizes Understanding
11/03/2020	Counseling	Diet	Herrell, P	Verbalizes Understanding
11/03/2020	Counseling	Exercise	Herrell, P	Verbalizes Understanding
11/03/2020	Counseling	Weight Loss	Herrell, P	Verbalizes Understanding

Inmate Name: GONZALEZ, VICTOR

Date of Birth: 10/25/1972

Encounter Date: 11/02/2020 13:50

Sex: M Race: WHITE

Provider: Herrell, P.K NP

Reg #: 19769-050

Facility: LEE

Unit: B02

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
11/03/2020	Counseling	Risk vs. benefit of treatment	Herrell, P	Verbalizes Understanding
11/03/2020	Counseling	Plan of Care	Herrell, P	Verbalizes Understanding

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Herrell, P K NP on 11/03/2020 08:45

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	GONZALEZ, VICTOR	Reg #:	19769-050
Date of Birth:	10/25/1972	Sex:	M Race: WHITE
Note Date:	09/10/2020 10:24	Provider:	Herrell, P K NP
		Facility:	LEE
		Unit:	B02

Admin Note - Chart Review encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Herrell, P K NP

inmate was recently seen on CCC visit and had stated had not been taking his medication, BP checks were ordered and are WNL's. inmate stated now taking medication. BP checks have been reviewed. will monitor in CCC. have discussed the risk if not taking medication. Stroke, MI, or death

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
09/10/2020	10:26	LEE 130/70	Right Arm			Herrell, P K NP

Copay Required: No Cosign Required: No

Telephone/Verbal Order: No

Completed by Herrell, P K NP on 09/10/2020 10:29

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: GONZALEZ, VICTOR
Date of Birth: 10/25/1972
Encounter Date: 08/26/2020 15:43

Sex: M Race: WHITE
Provider: York, Timothy DO

Reg #: 19769-050
Facility: LEE
Unit: Z01

Chronic Care - 14 Day Physician Eval encounter performed at Special Housing Unit.

SUBJECTIVE:

COMPLAINT 1 Provider: York, Timothy DO

Chief Complaint: HYPERTENSION

Subjective: Inmate health history reviewed, labs, and examination performed as part of today's visit

47 y.o. Hisp male seen for 14 D CCC with history of hypertension. Inmate reportedly on Amlodipine 10mg and Triamterene/HCTZ 37.5/25mg 1/2 tab q day. However, inmate reports he has not been taking?

Comorbid diseases: Hyperlipidemia, Obesity

Current Status/Symptoms: No CP/Dyspnea

MEDICATIONS: Norvasc and Dyazide

Lipids: 5/2020-cholesterol 224, trigly 264, HDL 41, and LDL 130

EKG: 6/2019-reviewed EKG

CXR: 7/2016-negative

Flu annual: 16, 17, 2018 Refused

Pneumovax: refused 3/2016

BMI: 34 based on today's weight

Patient allergies reviewed and updates applied during this visit if indicated. See Chart:

Allergies for most recent patient allergy list.

Pain: No

COMPLAINT 2 Provider: York, Timothy DO

Chief Complaint: ENDO/LIPID

Subjective: 47 y.o. Hisp male seen for 14 D CCC with history of hyperlipidemia. Records indicate the inmate is prescribed 40mg Atorvastatin; this would be more than the guideline would recommend and I will decrease to 20mg. Inmate reports he has not been taking the medication. I have discussed compliance with inmate Gonzalez. He agrees to begin taking medication again. Discussed with inmate that ASA would not be recommended at this time, therefore he can stop taking it.

Pain: No

Seen for clinic(s): Hypertension, Endocrine/Lipid

ROS:

General

Constitutional Symptoms

No: Fatigue, Fever

Integumentary

Skin

Yes: Within Normal Limits

No: Hives, Rashes

Cardiovascular

General

Yes: Within Normal Limits

Pulmonary

Respiratory System

Initial Name: GONZALEZ, VICTOR

Date of Birth: 10/25/1972

Encounter Date: 08/26/2020 15:43

Sex: M Race: WHITE

Provider: York, Timothy DO

Reg #: 19769-050

Facility: LEE

Unit: Z01

ROS:

Yes: Within Normal Limits

GI

General

Yes: Within Normal Limits

OBJECTIVE:

Exam:

Diagnostics

Laboratory

Yes: Results

General

Affect

Yes: Cooperative

Appearance

Yes: Appears Well, Alert and Oriented x 3

No: Appears Distressed

Nutrition

Yes: BMI reviewed (enter in comments)

Skin

General

Yes: Within Normal Limits, Dry, Skin Intact

Eyes

General

Yes: PERRLA, Extraocular Movements Intact

Fundus Exam

Yes: Grossly Normal Retina

Neck

General

Yes: Within Normal Limits, Supple, Symmetric, Trachea Midline

Thyroid

Yes: Within Normal Limits

Pulmonary

Auscultation

Yes: Clear to Auscultation

Cardiovascular

Auscultation

Yes: Regular Rate and Rhythm (RRR), Normal S1 and S2

Abdomen

Auscultation

Yes: Normo-Active Bowel Sounds

Palpation

Yes: Within Normal Limits, Soft

No: Guarding, Rigidity, Hepato-Splenomegaly

Inmate Name: GONZALEZ, VICTOR
 Date of Birth: 10/25/1972
 Encounter Date: 08/26/2020 15:43

Sex: M Race: WHITE
 Provider: York, Timothy DO

Reg #: 19769-050
 Facility: LEE
 Unit: Z01

Exam comments

BMI = Your BMI is 34, indicating your weight is in the Obese category for adults of your height.

For your height, a normal weight range would be from 133 to 179 pounds.

ASCVD RISK: 4.0%

10-year risk of heart disease or stroke

On the basis of your age alone, the USPSTF guidelines suggest there is insufficient evidence you will benefit from starting aspirin for heart disease and stroke risk reduction.

On the basis of your calculated risk for heart disease or stroke less than 7.5%, the ACC/AHA guidelines suggest you have no indication to be on a statin.

Based on your age, your blood pressure is well-controlled.

Comments

CMP WNL with exception of sodium 149, Ca 10.2 5/20/2020

Lipid panel chol: 224, Trig 264, HDL 41, LDL 130 5/20/2020

CBC WNL 5/20/2020

ASSESSMENT:

Hyperlipidemia, mixed, 272.2 - Current

Hypertension, Benign Essential, 401.1 - Current

Obesity, E669 - Current

PLAN:

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by York, Timothy DO on 08/26/2020 15:44

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: GONZALEZ, VICTOR
Date of Birth: 10/25/1972
Encounter Date: 08/25/2020 14:15

Sex: M Race: WHITE
Provider: York, Timothy DO

Reg #: 19769-050
Facility: LEE
Unit: Z01

Chronic Care - 14 Day Physician Eval encounter performed at Special Housing Unit.

SUBJECTIVE:

COMPLAINT 1 Provider: York, Timothy DO

Chief Complaint: HYPERTENSION

Subjective: Inmate health history reviewed, labs, and examination performed as part of today's visit

47 y.o. Hisp male seen for 14 D CCC with history of hypertension. Inmate reportedly on Amlodipine 10mg and Triamterene/HCTZ 37.5/25mg 1/2 tab q day. However, inmate reports he has not been taking?

Comorbid diseases: Hyperlipidemia, Obesity

Current Status/Symptoms: No CP/Dyspnea

MEDICATIONS: Nifedipine and Dyazide

Lipids: 5/2020-cholesterol 224, trigly 264, HDL 41, and LDL 130

EKG: 6/2019-reviewed EKG

CXR: 7/2016-negative

Flu annual: 16, 17, 2018 Refused

Pneumovax: refused 3/2016

BMI: 34 based on today's weight

Patient allergies reviewed and updates applied during this visit if indicated. See Chart:

Allergies for most recent patient allergy list

Pain: No

COMPLAINT 2 Provider: York, Timothy DO

Chief Complaint: ENDO/LIPID

Subjective: 47 y.o. Hisp male seen for 14 D CCC with history of hyperlipidemia. Records indicate the inmate is prescribed 40mg Atorvastatin, this would be more than the guideline would recommend and I will decrease to 20mg. Inmate reports he has not been taking the medication. I have discussed compliance with inmate Gonzalez. He agrees to begin taking medication again. Discussed with inmate that ASA would not be recommended at this time, therefore he can stop taking it.

Pain: No

Seen for clinic(s): Endocrine/Lipid, Hypertension

ROS:

General

Constitutional Symptoms:

No: Fatigue, Fever

Integumentary

Skin

Yes: Within Normal Limits

No: Hives, Rashes

Cardiovascular

General

Yes: Within Normal Limits

Pulmonary

Respiratory System

Inmate Name: GONZALEZ, VICTOR

Date of Birth: 10/25/1972

Encounter Date: 08/25/2020 14:15

Sex: M Race: WHITE

Provider: York, Timothy DO

Reg #: 19769-050

Facility: LEE

Unit: Z01

ROS:

Yes: Within Normal Limits

GI

General

Yes: Within Normal Limits

OBJECTIVE:

Temperature:

Date	Time	Fahrenheit	Celsius	Location	Provider
08/25/2020	14:15 LEE	99.1	37.3	Oral	York, Timothy DO

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
08/25/2020	14:15 LEE	93	Via Machine	Regular	York, Timothy DO

Respirations:

Date	Time	Rate Per Minute	Provider
08/25/2020	14:15 LEE	16	York, Timothy DO

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
08/25/2020	14:15 LEE	120/83	Right Arm	atlin	Adult-large	York, Timothy DO

SaO2:

Date	Time	Value(%)	Air	Provider
08/25/2020	14:15 LEE	97	Room Air	York, Timothy DO

Weight:

Date	Time	Lbs	Kg	Waist Circum.	Provider
08/25/2020	14:15 LEE	244.0	110.7		York, Timothy DO

Exam:

Diagnostics

Laboratory

Yes: Results

General

Affect

Yes: Cooperative

Appearance

Yes: Appears Well, Alert and Oriented x 3

No: Appears Distressed

Nutrition

Yes: BMI reviewed (enter in comments)

Skin

General

Yes: Within Normal Limits, Dry, Skin Intact

Eyes

General

Yes: PERRLA, Extraocular Movements Intact

Inmate Name: GONZALEZ, VICTOR
 Date of Birth: 10/25/1972
 Encounter Date: 08/25/2020 14:15

Sex: M Race: WHITE
 Provider: York, Timothy DO

Reg #: 19769-050
 Facility: LEE
 Unit: 201

Exam:**Fundus Exam**

Yes: Grossly Normal Retina

Neck**General**

Yes: Within Normal Limits, Supple, Symmetric, Trachea Midline

Thyroid

Yes: Within Normal Limits

Pulmonary**Auscultation**

Yes: Clear to Auscultation

Cardiovascular**Auscultation**

Yes: Regular Rate and Rhythm (RRR), Normal S1 and S2

Abdomen**Auscultation**

Yes: Normo-Active Bowel Sounds

Palpation

Yes: Within Normal Limits, Soft

No: Guarding, Rigidity, Hepato-Splenomegaly

Exam comments

BMI = Your BMI is 34, indicating your weight is in the Obese category for adults of your height.

For your height, a normal weight range would be from 133 to 179 pounds.

ASCVD RISK: 4.0%

10-year risk of heart disease or stroke

On the basis of your age alone, the USPSTF guidelines suggest there is insufficient evidence you will benefit from starting aspirin for heart disease and stroke risk reduction.

On the basis of your calculated risk for heart disease or stroke less than 7.5%, the ACC/AHA guidelines suggest you have no indication to be on a statin.

Based on your age, your blood pressure is well-controlled.

Comments

CMP WNL with exception of sodium 149, Ca 10.2 5/20/2020

Lipid panel chol: 224, Trig 264, HDL 41, LDL 130 5/20/2020

CBC WNL 5/20/2020

ASSESSMENT:

Hyperlipidemia, mixed, 272.2 - Current

Hypertension, Benign Essential, 401.1 - Current

Obesity, E669 - Current

PLAN:**New Medication Orders:**

Rx# Medication

Generated 08/26/2020 14:43 by York, Timothy DO

Bureau of Prisons - LEE

Order Date

Page 3 of 5

Inmate Name: GONZALEZ, VICTOR
 Date of Birth: 10/25/1972
 Encounter Date: 08/25/2020 14:15

Sex: M Race: WHITE
 Provider: York, Timothy DO

Reg #: 19769-050
 Facility: LEE
 Unit: Z01

New Medication Orders:

Rx#	Medication	Order Date
	Atorvastatin Tablet	08/25/2020 14:15
Prescriber Order: 20mg Orally - daily x 365 day(s)		
Indication: Hyperlipidemia, mixed		

Renew Medication Orders:

Rx#	Medication	Order Date
107110-CP1	amlODIPine 10 MG TAB	08/25/2020 14:15
Prescriber Order: Take one tablet (10 MG) by mouth each day x 365 day(s)		
Indication: Hypertension, Benign Essential		
107112-CP1	Triamterene HCTZ 37.5 MG/25 MG Tab	08/25/2020 14:15
Prescriber Order: ***NOTE DOSE and STRENGTH*** Take one-half (1/2) tablet by mouth each day to control blood pressure x 365 day(s)		
Indication: Hypertension, Benign Essential		

Discontinued Medication Orders:

Rx#	Medication	Order Date
107111-CP1	Atorvastatin 40 MG TAB	08/25/2020 14:15
Prescriber Order: Take one tablet (40 MG) by mouth each evening for control of cholesterol		
Discontinue Type: When Pharmacokinetics Processes		
Discontinue Reason: new order written		
Indication:		

New Laboratory Requests:

Details	Frequency	Due Date	Priority
Lab Tests - Short List-General-Microalbumin, urine random	One Time	08/25/2021 00:00	Routine
Lab Tests - Short List-General-TSH			
Chronic Care Clinics-Hypertension-CBC w/diff			
Chronic Care Clinics-Hypertension-Lipid Profile			
Lab Tests - Short List-General-Hemoglobin A1C			
Chronic Care Clinics-Hypertension-Comprehensive Metabolic Profile (CMP)			
Labs requested to be reviewed by: Herrell, P K NP			

Discontinued Consultation Requests:

Consultation/Procedure	Target Date	Scheduled Target Date	Priority	Translator	Language
Optometry	10/29/2020	10/29/2020	Routine	No	
Subtype:					
Reason for Request:					

Annual exam requested per Optometry due to blurred distance vision and hx of HTN

New Non-Medication Orders:

Order	Frequency	Duration	Details	Ordered By
Blood Pressure	Every Tues and Thurs	14 days		York, Timothy DO
Order Date:				08/25/2020

Schedule:

Activity	Date Scheduled	Scheduled Provider
Chronic Care Visit	08/26/2020 00:00	Physician

Inmate Name: GONZALEZ, VICTOR

Date of Birth: 10/25/1972

Encounter Date: 08/25/2020 14:15

Sex: M Race: WHITE

Provider: York, Timothy DO

Reg #: 19769-050

Facility: LEE

Unit: Z01

Activity	Date Scheduled	Scheduled Provider
Chart Review	09/09/2020 00:00	MLP 03
BP on medication, compliance check, pressures x 2 weeks		
Optometry Exam	10/22/2020 00:00	Optometrist
Annual exam due		

Disposition:

Follow-up at Sick Call as Needed

Patient Education Topics:

Date Initiated	Format	Handout/Topic	Provider	Outcome
08/25/2020	Counseling	Access to Care	York, Timothy	Verbalizes Understanding
08/25/2020	Counseling	Diet	York, Timothy	Verbalizes Understanding
08/25/2020	Counseling	Exercise	York, Timothy	Verbalizes Understanding
08/25/2020	Counseling	Test Day Results	York, Timothy	Verbalizes Understanding
08/25/2020	Counseling	Plan of Care	York, Timothy	Verbalizes Understanding

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by York, Timothy DO on 08/26/2020 14:43

**Bureau of Prisons
Health Services
See Amendment**

Inmate Name: GONZALEZ, VICTOR
Date of Birth: 10/25/1972
Encounter Date: 08/26/2020 15:43

Sex: M

Reg #: 19769-050
Race: WHITE
Facility: LEE

Amendment made to this note by York, Timothy DO on 08/26/2020 15:44.

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: GONZALEZ, VICTOR	Sex: M Race: WHITE	Reg #: 19769-050
Date of Birth: 10/25/1972	Provider: Smith, Nancy FNP	Facility: LEE
Note Date: 08/20/2020 14:34		Unit: Z01

Admin Note - Orders encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Smith, Nancy FNP

Transfer in today and will go into Quarantine x 14 days. Will need temp and s/sx check documented in comment section; PCR on 09/03/20.

ASSESSMENTS:

Quarantine - asymptomatic person in quarantine, Z0489-q - Current

New Laboratory Requests:

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
Lab Tests-C-COVID-19 Asymptomatic Novel Coronavirus	One Time	09/03/2020 00:00	Routine

Labs requested to be reviewed by: York, Timothy DO

New Non-Medication Orders:

<u>Order</u>	<u>Frequency</u>	<u>Duration</u>	<u>Details</u>	<u>Ordered By</u>
Temperature	One Time		Due on 09/03/2020 need temp and s/sx check documented in comment section	Smith, Nancy FNP

Order Date: 08/20/2020

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Smith, Nancy FNP on 08/20/2020 14:36

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: GONZALEZ, VICTOR	Sex: M Race: WHITE	Reg #: 19769-050
Date of Birth: 10/25/1972	Provider: Horst, C. RN	Facility: TOM
Encounter Date: 08/16/2020 13:03		Unit: Q03

Nursing - Follow up encounter performed at Housing Unit.

SUBJECTIVE:

COMPLAINT 1 Provider: Horst, C. RN
 Chief Complaint: No Complaint(s)
 Subjective: Inmate bp was high but denies any symptoms.
 Pain: Not Applicable

OBJECTIVE:

ASSESSMENT:

Hypertensive

Inmate was on schedule for bp check and test 149/98 in left arm using wrist cuff and sitting in his chair. Denies any headaches or blurred vision. Will schedule more bp check for evaluation.

PLAN:

New Non-Medication Orders:

<u>Order</u>	<u>Frequency</u>	<u>Duration</u>	<u>Details</u>	<u>Ordered By</u>
Blood Pressure	Every Tues and Thurs	14 days		Horst, C. RN
Order Date:		08/16/2020		

Disposition:

Follow-up at Sick Call as Needed

Other:

Patient allergies reviewed and updates applied during this visit if indicated. See Chart: Allergies for most recent patient allergy list.

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
08/16/2020	Counseling	Access to Care	Horst, C.	Verbalizes Understanding
08/16/2020	Counseling	Plan of Care	Horst, C.	Verbalizes Understanding

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Horst, C. RN on 08/16/2020 13:08

Requested to be cosigned by Fateh Hyder, Syed Regional Medical Director/NCRO.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	GONZALEZ, VICTOR	Sex:	M	Reg #:	19769-050
Date of Birth:	10/25/1972	Provider:	Horst, C. RN	Race:	WHITE
Encounter Date:	08/16/2020 13:03			Facility:	TOM

Cosigned by Fateh Hyder, Syed Regional Medical Director/NCRO on 08/17/2020.07:58.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: GONZALEZ, VICTOR
Date of Birth: 10/25/1972
Encounter Date: 08/03/2020 18:49

Sex: M Race: WHITE
Provider: Kinnick, T. PA-C

Reg #: 19769-050
Facility: TOM
Unit: Q03

Mid-Level Provider - Follow up Visit-encounter performed at Housing Unit.

SUBJECTIVE:

COMPLAINT 1 Provider: Kinnick, T. PA-C

Chief Complaint: HYPERTENSION

Subjective: The patient has no complaints. He denies having any pain. He reports that he stopped taking his BP medications when he was placed in quarantine. (Reason unknown.)

Pain: No

OBJECTIVE:

Temperature:

Date	Time	Fahrenheit	Celsius	Location	Provider
08/03/2020	18:50 TOM	97.5	36.4	Oral	Kinnick, T. PA-C

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
08/03/2020	18:50	62	Radial	Regular	Kinnick, T. PA-C

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
08/03/2020	18:50 TOM	148/89	Left Arm	Sitting	Adult-Large	Kinnick, T. PA-C

SaO2:

Date	Time	Value(%)	Air	Provider
08/03/2020	18:50 TOM	99	Room Air	Kinnick, T. PA-C

Weight:

Date	Time	Lbs	Kg	Waist Circum.	Provider
08/03/2020	18:50 TOM	252.8	114.7		Kinnick, T. PA-C

ROS Comments

Constitutional/General: Denies fevers/chills/night sweats. Denies pain.

Heart: Denies chest pain; edema.

Lungs: Denies SOB; chronic cough.

GI: Denies nausea and vomiting; denies constipation and diarrhea.

Exam Comments

General: Appears stated age, and is in no acute distress.

Radial Pulses: Regular rate and rhythm; 1 bilaterally.

Heart: Normal S1 and S2; no gallops/murmurs/rubs. Trace pitting edema.

Lungs: Clear to auscultation bilaterally. No rales/rubs/rhonchi/wheezes.

Skin (arms, forearms, hands): Dry; warm; no erythema; no lesions; no rashes.

Inmate Name: GONZALEZ, VICTOR
 Date of Birth: 10/25/1972
 Encounter Date: 08/03/2020 18:49

Sex: M Race: WHITE
 Provider: Kinnick, T. PA-C

Reg #: 19769-050
 Facility: TOM
 Unit: Q03

HEENT: Atraumatic/normocephalic; anicteric; extra-ocular movements intact, PERRL, no nystagmus; not hard of hearing; patent nares; midline trachea.

Psychiatry: Appropriate mood and affect.

ASSESSMENT:

Hypertension, Benign Essential, 401.1 - Current.

PLAN:

Disposition:

Follow-up at Sick Call as Needed.

Other:

A: Asymptomatic HTN patient who has been non-compliant with his BP medications:

P:

- 1) Educated the patient regarding the importance of maintaining a normal BP, below 140/90. Every day outside of this range puts him at a risk for a MI or stroke and death, and other health problems such as kidney failure, etc.
- 2) Pt advised to take his medication daily as prescribed. I recommend pill-line if he is not compliant at the facility he transfers to in the BOP.
- 3) The pt's commissary purchases were reviewed, and the pt was counseled regarding the benefits of eating a low sodium diet.

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
08/03/2020	Counseling	Compliance - Treatment	Kinnick, T.	Verbalizes Understanding
08/03/2020	Counseling	Plan of Care	Kinnick, T.	Verbalizes Understanding
08/03/2020	Counseling	Risk vs. benefit of treatment	Kinnick, T.	Verbalizes Understanding

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Kinnick, T. PA-C on 08/03/2020 18:59

Requested to be cosigned by Fateh Hyder, Syed Regional Medical Director/NCRO

Cosign documentation will be displayed on the following page.

EXHIBIT 3:
“Summary Reentry Plan - Progress Report”

**Summary Reentry Plan - Progress Report**
 Dept. of Justice / Federal Bureau of Prisons
 Plan is for inmate: GONZALEZ, VICTOR 19769-050

 SEQUENCE: 00236262
 Report Date: 04-21-2021

 Facility: LEE LEE USP
 Name: GONZALEZ, VICTOR
 Register No.: 19769-050
 Quarters: B02-201U
 Age: 48
 Date of Birth: 10-25-1972

 Custody Level: IN
 Security Level: HIGH
 Proj. Rel Date: UNKNOWN
 Release Method: LIFE
 DNA Status: MCD00212 / 02-01-2011
Offenses and Sentences Imposed

Charge	Terms In Effect
T:18 USC 1962 CONSP/ TO COMMIT RICO. RACKETEER INFLUENCE AND CORRUPT ORGANIZATIONS.	LIFE
T:21 846 CONSP/ TO DIST/ AND POSS/WITD MORE THAN ONE KILO. OF HEROIN.	LIFE

Date Sentence Computation Began: 03-18-1997

Sentencing District: NEW JERSEY

Days FSGT / WSGT / DGCT	Days GCT or EGT / SGT	Time Served	+ Jail Credit	- InOp Time
0 / 0 / 0	0	Years: 25 Months: 1 Days: 3	+ 364 JC	- 0 InOp

Detainers

Detaining Agency	Remarks
NO DETAINER	

Program Plans

Inmate Gonzalez arrived at USP Lee on August 20, 2020. Unit Team recommends completion of the GED Program.

Current Work Assignments

Fac	Assignment	Description	Start
LEE	EAST COR	EAST COORIDOR DW	03-14-2021

Work Assignment Summary

Inmate Gonzalez is assigned to East Corridor work detail. He maintains satisfactory work evaluations.

Current Education Information

Fac	Assignment	Description	Start
LEE	ESL HAS	ENGLISH PROFICIENT	09-01-1999
LEE	GED DN	DROPPED GED NON-PROMOTABLE	02-06-2017
LEE	GED UNSAT	GED PROGRESS UNSATISFACTORY	04-03-2000

Education Courses

SubFac	Action	Description	Start	Stop
LEE	C	RPP5 RPP ORIENTATION	02-08-2021	02-08-2021
LEE	C	RPP1 AIDS AWARENESS	02-08-2021	02-08-2021
TOM CAD	C	COMMERCIAL DRIVERS LICENSE USP	11-02-2019	01-19-2020
TOM CAD	C	STRESS AND YOUR BODY 1	05-14-2019	05-23-2019
TOM CAD	C	RPP1 HIV/HEP AWARENESS	03-25-2019	03-25-2019
LEE	W	GED 1230 M-F SIZEMORE	01-30-2017	02-06-2017
LEE	W	GED 1400-1530 ROOM 3	11-29-2016	01-30-2017
LEE	C	RPP1 AIDS AWARENESS	04-12-2016	04-12-2016
LEE	C	RPP5 RPP ORIENTATION	04-12-2016	04-12-2016
MCD	C	INTRO TO COMPUTER USAGE	01-31-2011	02-07-2011
CUM	C	CLN PRE-RELEASE	04-14-2010	04-15-2010
CUM	C	CLN COMMUNICATION	03-16-2010	03-17-2010
CUM	C	CLN ANGER MANAGEMENT	03-01-2010	03-01-2010
CUM	C	CLN STRESS MANAGEMENT	03-18-2010	03-18-2010



Summary Reentry Plan - Progress Report

SEQUENCE: 00236262

Dept. of Justice / Federal Bureau of Prisons
Plan is for Inmate: GONZALEZ, VICTOR 19769-050

Report Date: 04-21-2021

SubFac	Action	Description	Start	Stop
CUM	C	DEVELOPMENTAL PSYCHOLOGY	02-13-2010	02-13-2010
CUM	C	VICTIM IMPACT COUNSELING GP	02-08-2010	02-11-2010
CLP	C	RPP GROWTH #8	08-29-2009	08-29-2009
CLP	C	ELL ORIENTATION ACE	06-28-2006	06-28-2006
ATL	C	ANGER MANAGEMENT	01-17-2003	03-21-2003
ATL	C	ADULT/CHILDHOOD DEV T-W 12-3PM	07-26-2000	09-25-2000
ATL	W	GED 12:30 - 3: THOMAS	09-27-1999	04-03-2000

Education Information Summary

Inmate Gonzalez has completed courses throughout his incarceration that includes Stress and Your Body, Intro to Computer Usage, Anger Management, Stress Management, Developmental Psychology, Victim Impact Counseling, and Adult/Childhood Development.

Discipline Reports

Hearing Date	Prohibited Acts
04-09-2014	104 : POSSESSING A DANGEROUS WEAPON
03-28-2012	312 : BEING INSOLENT TO STAFF MEMBER
12-20-2010	307 : REFUSING TO OBEY AN ORDER
	316 : BEING IN UNAUTHORIZED AREA
05-11-2005	327 : CONTACTING PUBLIC WITHOUT AUTH.
02-03-2005	306 : REFUSING WORK/PGM ASSIGNMENT

Discipline Summary

Inmate Gonzalez has maintained clear conduct since 2014. He maintains good rapport with staff and fellow inmates.

ARS Assignments

Fac	Assignment	Reason	Start	Stop
LEE	A-DES	TRANSFER RECEIVED	08-20-2020	CURRENT
TOM CAD	A-DES	TRANSFER RECEIVED	12-10-2018	08-19-2020
LEE	A-DES	TRANSFER RECEIVED	03-15-2016	12-04-2018
CUM	A-DES	TRANSFER RECEIVED	06-24-2013	02-22-2016
MCD	A-DES	OTHER AUTH ABSENCE RETURN	03-12-2013	06-19-2013
MCD	A-DES	OTHER AUTH ABSENCE RETURN	12-03-2012	03-12-2013
MCD	A-DES	OTHER AUTH ABSENCE RETURN	08-23-2012	12-03-2012
MCD	A-DES	TRANSFER RECEIVED	01-25-2011	08-23-2012
CUM	A-DES	TRANSFER RECEIVED	01-04-2010	01-25-2011
CLP	A-DES	TRANSFER RECEIVED	06-22-2006	12-29-2009
ATL	A-DES	TRANSFER RECEIVED	04-27-2006	06-22-2006
ATL	A-DES	TRANSFER RECEIVED	08-16-1999	04-27-2006

Current Care Assignments

Assignment	Description	Start
CARE1	HEALTHY OR SIMPLE CHRONIC CARE	06-27-2013
CARE1-MH	CARE1-MENTAL HEALTH	10-25-2010

Current Medical Duty Status Assignments

Assignment	Description	Start
C19-T NEG	COVID-19 TEST-RESULTS NEGATIVE	01-04-2021
REG DUTY	NO MEDICAL RESTR-REGULAR DUTY	06-27-2006
YES F/S	CLEARED FOR FOOD SERVICE	04-15-2020

Current RTP Assignments

Assignment	Description	Start
CDE DECL	CODE DECLINE	03-22-2000

Current Drug Assignments

Assignment	Description	Start
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Summary Reentry Plan - Progress Report

Dept. of Justice / Federal Bureau of Prisons
Plan is for inmate: GONZALEZ, VICTOR 19769-050

SEQUENCE: 00236262

Report Date: 04-21-2021

Assignment	Description	Start
DRG E COMP	DRUG EDUCATION COMPLETED	09-07-2007
DRG I NONE	NO DRUG INTERVIEW REQUIRED	11-30-1999
NR COMP	NRES DRUG TMT/COMPLETE	02-01-2007
NR WAIT	NRES DRUG TMT WAITING	03-22-2021

Physical and Mental Health Summary

Inmate Gonzalez is on regular duty medical status with no restrictions. Psychology staff have not expressed mental health concerns at this time. He completed the Drug Education Program on 09-07-2007.

FRP Payment Plan

Most Recent Payment Plan

FRP Assignment: NO OBLG FINANC RESP-NO Start: 03-03-2017

Inmate Decision: **AGREED** \$25.00 Frequency: **QUARTERLY**

Payments past 6 months: \$0.00 Obligation Balance: \$0.00

Financial Obligations

No.	Type	Amount	Balance	Payable	Status
2	ASSMT	\$150.00	\$0.00	IMMEDIATE	COMPLETEDZ
** NO ADJUSTMENTS MADE IN LAST 6 MONTHS **					
1	FINE	\$10,000.00	\$7,490.00	IMMEDIATE	EXPIRED
** NO ADJUSTMENTS MADE IN LAST 6 MONTHS **					

Financial Responsibility Summary

Inmate Gonzalez has no financial obligations.

Release Planning

Inmate Gonzalez plans to reside with his mother, Clara Nieves, in Pennsauken, New Jersey. He plans to seek employment in the construction industry.

General Comments

Inmate Gonzalez is in the process of obtaining his birth certificate and social security card.



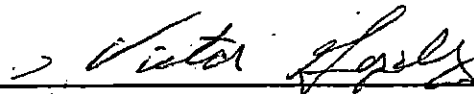
Summary Reentry Plan - Progress Report

Dept. of Justice / Federal Bureau of Prisons
Plan is for inmate: GONZALEZ, VICTOR 19769-050

SEQUENCE: 00236262

Report Date: 04-21-2021

Name: GONZALEZ, VICTOR
Register Num: 19769-050
Age: 48
Date of Birth: 10-25-1972
DNA Status: MCD00212 / 02-01-2011


Inmate (GONZALEZ, VICTOR, Register Num: 19769-050)

4-21-21
Date


Chairperson

4-21-21
Date


Case Manager

4-21-21
Date

EXHIBIT 4:
“Research: University of Kentucky”

Adolescent Brain Development and Risky Teenage Behavior



Raising a teenager can be stormy and stressful at times. Adolescents may have a hard time making good decisions, yet they are a member of their school's Honor Society. They may appear to be self-centered, but then they volunteer at the local Boys and Girls club. Parents worry when they earn their driver's license, but may soon see that their driving record is spotless. Watching movies and playing video games at home may make a teenager seem lazy, when in reality they have a busy schedule. Teens often wear many hats. They make mistakes and may partake in risky behavior from

time to time, but much of their behavior is the result of identity exploration and an undeveloped brain. From this behavior, teens learn and grow. As adults who interact with teens, it is important to keep in mind that the adolescent brain is "still under construction" and it will remain in this transition period until approximately the mid-twenties. While the teenage brain is influenced by many factors, including genetics, personal history and agents of socialization (family, friends, community, culture), there is support that links risky behavior, lack of thinking and poor judgment to brain development. Therefore, it is important to understand the changing adolescent brain and subsequent behavior.

The brain continues to go through many changes in adolescence

There was a time when it was believed that the brain was completely developed by the teenage years. With advanced medical and brain-imaging technologies, researchers now recognize that the brain continues to go through many changes in adolescence and that these changes affect the ways in which a teenager makes decisions and forms mature judgments.

As the brain develops, two basic processes take place—synaptic pruning and the strengthening of synaptic connections. Synaptic pruning refers to a regulatory process that reduces the overall number of neurons and connections that are needed for brain functioning. While it sounds destructive, pruning is necessary for brain development because it reduces weak and unnecessary synaptic connections (signals between cells), which allows the more useful connections to become stronger. This occurs in childhood, throughout adolescence and even into early adulthood. As a result, the ability to think and solve problems improves with age. But, this process does not occur evenly across the brain. Instead, it starts in the back of the brain, which controls sensory functioning, including vision, touch and sensation. Then it moves to the area of the brain responsible for coordination. It is not until late adolescence that pruning and synaptic connections become stronger in the front part of the brain, which is responsible for decision making, problem solving and thinking. As a result, complex thought, including judgment, is the last to mature. In fact, researchers now believe that a brain is not fully developed until approximately age 25.

There are also changes occurring in the parts of the brain related to self-

awareness and self-concept. These changes may be responsible for increased self-consciousness and susceptibility to peer pressure.

Hormones target specific areas of the brain responsible for emotional regulation and control

Having a testy teenager may be due to the immense hormonal changes that take place during adolescence. In addition to reproductive hormones associated with sexual development, growth and behavior, there are also stress hormones that affect the brain and social behavior. Hormonal rushes, for example, may set off the amygdala, the brain's center for emotions. The amygdala can trigger risky or thrill-seeking behavior because the control-oriented parts of the brain, which manage judgment, are not yet developed to tell a teen not do something just because it feels good. As a result of different areas of the brain



developing at different times, in addition to hormonal rushes, teens are more prone to risky behavior and bad decisions, such as binge drinking, drug abuse, smoking, body piercing/tattooing, unprotected sexual activity, thrill-seeking, fighting, dangerous driving, truancy and even illegal activity.

It's all about me!

As teenagers try to figure out who they are and what they want, amidst their developing brain and raging hormones, parents may have a challenging time meeting their teenager's expectations. Teens are often self-absorbed with their own thoughts, attitudes and values. They imagine that they are under everyone's scrutiny and attention with everything they say and do. This means that something as simple as a "bad hair day" can turn into a major catastrophe! Yet when a parent tries to help, a sensitive teen may interpret such parental concern as criticism or meddling. Self-centered and absorbed in their own feelings, a teen very often believes that only he/she knows the extent of their own anguish or pleasure and that a parent could not possibly know anything about it.

In addition, teens also believe that nothing bad can happen to them—that bad things only happen to others. They

may continue to text and drive because it is their belief that it is only the "bad" or "stupid" drivers who cannot do so safely. As a result, teens move forward in their poor decision-making and risky behavior.

Moral Development

The changes that take place in a teenager's brain also affect moral development. For example, now that they are capable of engaging in drinking, they have to decide what this means to them and whether or not they want to participate in this activity before they turn 21. In addition, they have to decide if they want to succeed in school and recognize the consequences if they do not. They have to decide who they want to be in society and how they want to fit in. They have to evaluate the behaviors of friends and peers and decide if they are comfortable with such behaviors and associations with such people. Such decision-making influences not only their adult years, but also their moral behavior. The ability to make moral judgments, however, even with life-threatening behaviors such as drug use or unsafe sex, can take time to develop. In a study of 18-22 year olds, for example, only the 22 year olds carefully considered the moral dilemma of contracting a sexually transmitted disease, including HIV/AIDS.

For teens, their level of moral reasoning has moved beyond obeying rules to avoid punishment or to receive a reward, as they did as younger children to a more conventional way of thought, which includes, conforming to society—and to their friends. The desire of a teen to conform to his/her peer group can be a challenge to a teen's moral reasoning, especially if dangerous or risky activities are involved. The more opportunities that parents can provide teens with experiences to practice their moral reasoning, the more apt teens will be to move toward more advanced moral reasoning.



repeatedly or decisions have negative long-term effects, it is important to help your teen learn a new skill to help him/her make better choices.

Teens will be teens, but it will get better

It is not easy being a teenager. Therefore, as adults, it is important to avoid controlling every decision a teen makes. Let them try new things and learn from their mistakes. With each life lesson, teens are provided with opportunities to learn both positive and negative consequences, which will help them better handle independence and responsibility. Eventually, with appropriate guidance and support, teens will be able to start making healthy decisions on their own. However, if rules are broken

As the brain continues to develop and more experiences are accumulated, a teenager's awareness, imagination, judgment and insight will continue to mature. Teenagers will also become better at reasoning and exploring logical solutions to both abstract and concrete thoughts, and they will better be able to plan and think ahead. In addition to being better able to reflect on their own thinking, teens will get better at thinking more about how others are motivated and how they think and feel. While this may influence a teen to "negotiate" at this age, they will also likely start to see themselves in a broader context and show more interest with social, political and moral issues.

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VICTOR GONZALEZ #19769-050
UNITED STATES PENITENTIARY
P.O. Box 305
JONESVILLE, VA 24263



TO: Mr. William T. WALSH
CLERK OF COURT
U.S. DISTRICT COURT
DISTRICT OF NEW JERSEY
4th & Cooper St. RM 1050
CAMDEN, NEW JERSEY 08101

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